Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service

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

A F	or th	he 2021 calendar year, or tax year beginning 04/01/202	1 and en	ding		03/31	/2022	
_		C Name of organization			D Employer ide	entification	number	
B c	heck if a	AUTISM SPEAKS, INC.						
	Addre				20-2329	938		
	Name	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	е	E Telephone no	umber		
	Initia	al return 1060 STATE ROAD			(609)22	28 – 733	39	
	Term	City or town, state or province, country, and ZIP or foreign postal code						
	Amer	PRINCETON, NJ 08540			G Gross receipt	ts \$	48,192	,802.
		F Name and address of principal officer: TOCEDU T MANYO			H(a) Is this a grou		Yes	X No
	_ ,	1060 STATE ROAD, PRINCETON, NJ 08540			H(b) Are all subord		? Yes	No
ī	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list. (see	instructions)	
J	Webs	ite: > WWW.AUTISMSPEAKS.ORG			H(c) Group exemp	otion number	r >	
K	Form	of organization: X Corporation Trust Association Other ▶	L Yea	ar of format	tion: 2005 M	State of le	gal domicile:	DE
P	art I	Summary	·					
	1	Briefly describe the organization's mission or most significant activities: AUTI	SM SPE	AKS IS	ENHANCING	3 LIVE	S TODA	Y
e		AND ACCELERATING A SPECTRUM OF SOLUTIONS FOR TON	MORROW.					
Jan								
Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or dispo	sed of more	than 25%	of its net assets	3.		
တိ	3	Number of voting members of the governing body (Part VI, line 1a)				3		27
ა ა	4	Number of independent voting members of the governing body (Part VI, line 1b)				4		27
iţie	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				5		181
Activities	6	Total number of volunteers (estimate if necessary)				6	8	<u>80,000</u>
ď	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a		NONE
	b	Net unrelated business taxable income from Form 990-T, line 34				7b		NONE
					Prior Year		Current Y	
ē	8	Contributions and grants (Part VIII, line 1h)	PY FOR	٦L	41,719,69	3.	46,662	<u>,343.</u>
en	9	Program service revenue (Part VIII, line 2g)	INSPECTIO	, I		ONE		NONE
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		⅃	26,98			,958.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			336,62			,352.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		_	42,083,29		46,771	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			4,027,45		5,397	
	14	Benefits paid to or for members (Part IX, column (A), line 4)				ONE		NONE
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			19,524,30		18,898	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			349,79	97.	438	,736.
EX		Total fundraising expenses (Part IX, column (D), line 25) 6,998,251			15 064 04	2	10 200	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		•	17,264,94		19,388	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-	41,166,50	T I	44,122	
- S	19	Revenue less expenses. Subtract line 18 from line 12			916,79 Ining of Current Y		2,649 End of Yea	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		begin				
Asse Bala	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		•	48,207,07 6,502,11		47,834 3,480	
Tet /	22	Net assets or fund balances. Subtract line 21 from line 20.		•	41,704,96		44,353	
	rt II	Signature Block		-	41,704,90	7.1	44,333	,970.
			dules and sta	atements a	and to the best of	my know	ledge and b	elief it is
true	e, corre	enalties of perjuous declare that I have examined this return, including accompanying sche ect, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	has any k				
		Joe Vanyo			1/5/20	23 1	:26 PM	CST
Sig	ın	Sign 3f 8f 2B075fifte4f 2			Date			
He	re	► JOSEPH T VANYO CO	00					
		Type or print name and title	,,,					
		Print/Type preparer's name Preparer's signature	Date		Check	if PTIN		
Paid		ALYCIA SOLECKI Mycia Solicki	1/5/	′2023	12:50 PM	Ç \$T ₽0 1	272637	
	parer	Firm's name CRANT THORNTON E41CC952980B47E			Firm's EIN		055558	
Use	Only	Firm's address 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19:	L03		Phone no.		561-42	00
May	the I	IRS discuss this return with the preparer shown above? (see instructions)					Yes	No
For	Pape	erwork Reduction Act Notice, see the separate instructions.					Form 99	

AUTISM SPEAKS, INC. 20-2329938

	m 990 (2021)	Page
P	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
ı	. ,	
	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? Yes If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
1	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
1a	(Code:) (Expenses \$ 11,648,928. including grants of \$ 4,438,161.) (Revenue \$)
	WE INCREASE KNOWLEDGE THROUGH RESEARCH TO DEEPEN OUR UNDERSTANDING	_
	OF AUTISM AND LEAD TO ADVANCEMENTS IN AUTISM DIAGNOSIS AND	
	PERSONALIZED HEALTHCARE. CONNECTED FAMILIES IN 50 STATES AND	
	37 COUNTRIES WITH RESOURCES AND ACCESS TO AUTISM EXPERTS.	
	LAUNCHED TWO RESEARCH STUDIES TO IMPROVE PRECISION AUTISM CARE	
	AND EARLY IDENTIFICATION. 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. RELEASED THE VERY FIRST COVID-19 AND AUTISM	
	HEALTH REPORT SUPPORTING SUCCESSFUL PUBLIC HEALTH EFFORTS FOR	
	GREATER FUNDING FOR COVID-19 RELIEF AND VACCINE EDUCATION.	
_		
4b	(Code:) (Expenses \$8,191,322. including grants of \$209,524.) (Revenue \$	_)
	WE ARE STEADFAST IN OUR COMMITMENT TO IMPROVE LIFELONG OUTCOMES	
	AND INCREASE UNDERSTANDING AND ACCEPTANCE OF PEOPLE WITH AUTISM.	
	LAUNCHED E-CAREGIVERS SKILLS TRAINING ENABLING UNDERSERVED	
	FAMILIES TO BUILD THEIR AUTISTIC CHILD'S COMMUNICATION AND	
	BEHAVIOR SKILLS. SUCCESSFULLY ADVOCATED FOR STATE LICENCING LAWS	
	TO PROVIDE PEOPLE WITH AUTISM GREATER ACCESS TO MEDICALLY	
	NECESSARY INTERVENTIONS. ENGAGED 2.8 MILLION PEOPLE ON SOCIAL	
	MEDIA PLATFORMS WHERE WE PROVIDED RESOURCES AND A SUPPORTIVE	
	ENVIRONMENT FOR AUTISTIC PEOPLE TO SHARE THEIR STORIES. EDUCATED	
	OVER 2100 PEOPLE ON FEDERAL AND STATE POLICY CHANGES AND ACCESSING	
	RESOURCES.	
-	(Code:) (Expenses \$ 14,186,235. including grants of \$ 749,488.) (Revenue \$	`
+C		_)
	AIDED MORE THAN 1.6 MILLION PEOPLE. AUTISM RESPONSE TEAM	
	PROVIDED INDIVIDUALIZED SUPPORT TO OVER 87,000 PEOPLE.	
	PROVIDED 17 NEW TRANSLATED RESOURCES, DOWNLOADED 25,000 TIMES	
	BY SPANISH-SPEAKING COMMUNITY. LED REGULATORY CHARGE	
	FOR ACCESS TO ALL EVIDENCED BASED AUTISM THERAPIES FOR	
	MEDICAID ENROLLED CHILDREN. OUR WORKPLACE INCLUSION NOW (WIN)	
	INITIATIVE ENGAGED OVER 5000 AUTISTIC JOB SEEKERS AND	
	EMPLOYERS AT EVENTS. OVER 6000 JOBSEEKERS ACCESSED THE NEW	
	NAVIGATING DIFFERENCES IN THE WORKPLACE COURSE. FUNDED	
	\$1.6 MILLION IN GRANTS TO SUPPORT NEXT GEN AUTISM SCIENCE	
	LEADERS WORKING TO DEVELOP MODELS OF CARE.	
ld	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 34.026.485.	

4e Total program service expenses ► 34,026,48!

JSA
1E1020 1.000

20-2329938 Form 990 (2021) Page 3

Part IV **Checklist of Required Schedules** No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II................................. Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more 11b Χ c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... 11c Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Χ 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 12a Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... Χ **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a X **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2021) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		21	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		21
20				
	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 the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		21
·	"Yes," complete Schedule L, Part IV	200		v
00		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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	100	- 21	
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
27		30		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	l .		
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		<u> </u>		

Form 990 (2021) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 181			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2021) AUTISM SPEAKS, INC. Page 6 20-2329938

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

Sect	ion A. Governing Body and Management	•		• • •		
0000	1011 A. OOTET HING Body and management				Yes	No
		1a	27			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	та	<u> </u>	-		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.	46	27			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	27	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation or a business relationship or a business relationship or a business relationship or a business relation of the business relationship or a business relation of the business relationship or a business relation or a business relation or a business relation or a business relation or a busi		-			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or ur	ider t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	ed?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	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	Х	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte-			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	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 po		-	10b	Х	
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 on Schedule O the process, if any, used by the organization to review this Form 990.	iiig iii	e ioiiii: .			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t					
b	rise to conflicts?			12b	Х	
•	Did the organization regularly and consistently monitor and enforce compliance with the p					
С	describe on Schedule O how this was done	-		12c	Х	
40				13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?				21	
15	Did the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for the process		•			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х	
a	The organization's CEO, Executive Director, or top management official			15b	X	
b	Other officers or key employees of the organization			. 55	21	
40.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement	16a		Х
	with a taxable entity during the year?			104		21
D	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	• • •		100		
17	List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O	000	1 000 7	- /	·	04(-)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap		and 990-1	(sec	tion 5	U1(C)
	X Own website Another's website X Upon request Other (explain on Sc	-	a ())			
			,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the second of the	nents,	conflict o	t inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's by	ooks	and record	s 🕨		
	JOSEPH T VANYO 1060 STATE ROAD PRINCETON, NJ 08540					

Form **990** (2021) 646-385-8597

form 990 (2021) AUTISM SPEAKS, INC. 20-2329938 Page **7**

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

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos eck s pe	more	e than construction is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANGELA GEIGER	40.00									
PRESIDENT/CEO (THRU 10/14/21)	NONE			Х				651,101.	NONE	31,833.
(2) LISA GERBASI	40.00							,	-	,
STRATEGIC INITIATIVES & INNOVA	NONE			Х				281,655.	NONE	48,974.
(3) ANDY SHIH	40.00									
CHIEF SCIENCE OFFICER	NONE					Х		269,184.	NONE	50,328.
(4) JOSEPH VANYO	40.00									
CHIEF OPERATING OFFICER	NONE			Х				293,326.	NONE	23,683.
(5) JENNIFER PODOLL	40.00									
SVP, CONSTITUENT ENGAGEMENT	NONE				Х			221,412.	NONE	39,592.
(6) LYNN HAPPEL	40.00									
SVP, IT & DATA SUPPORT	NONE					X		219,978.	NONE	31,424.
(7) MELANIE AKINS	40.00									
VP, CORPORATE INITIATIVES	NONE					X		204,268.	NONE	45,820.
(8) STUART SPIELMAN	40.00									
SVP, ADVOCACY	NONE					X		234,160.	NONE	9,440.
(9) DONNA S. MURRAY	40.00									
VP, HEAD CLINICAL PROGRAMS	NONE					X		206,065.	NONE	21,942.
(10) KEITH WARGO	40.00									
PRESIDENT/CEO (BEGIN 10/15/21)	NONE			Χ				108,672.	NONE	3,265.
(11) CURTIS ARLEDGE	1.00									
DIRECTOR	NONE	X		Χ				NONE	NONE	NONE
(12) TOM BERNARD	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) SCOTT R. CARPENTER	1.00	_								
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) JENNIFER CASERTA	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE 990 (2021)

Form **990** (2021)

AUTISM SPEAKS, INC. 20-2329938

Form 990 (2021)													Page 8
Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average				sition			Reportable	Reporta	ble	Es	timated	
	hours per	1 '				e than o is both		compensation	compensation			ount of	
	week (list any hours for	1				tor/truste		from the	relate organizat			other pensatio	on
	related							organization	(W-2/1099-			om the	
	organizations	dire	š	Officer	Key employee	thes	Former	(W-2/1099-MISC)	(11 2, 1000	60,	•	anizatio	
	below dotted line)	ual	lion	,	nplo	yee	_					d related inization	
	iiie)	Individual trustee or director	Institutional trustee		yee	Highest compensated employee					orga	iiiizalioi	15
		tee	ste			ensa							
			Φ			ated							
15) JOSEPH T. COYLE, M.D.	1.00												-
DIRECTOR	NONE	X						NONE		NONE]	NONE
16) BARRY R. FEIRSTEIN	1.00												
DIRECTOR	NONE	X						NONE		NONE		1	NONE
17) BRIAN L. HARPER	10.00												
CHAIR	NONE	X		Х				NONE		NONE		,	NONE
18) MATTHEW HIGGINS	1.00							110112		TOTAL			
DIRECTOR	NONE	X						NONE		NONE		,	NONE
19) ADRIAN M. JONES	1.00	21						INOINE		NONE		•	IVOIVI
DIRECTOR	NONE	X		Х				NONE		NONE			NONE
20) TIM JONES	1.00	Α.		Λ				NOINE		NONE			MOINE
DIRECTOR	NONE	X						NONE		NONE		,	NT//NTT
		_ ^						NONE		NONE			NONE
21) AIDAN KEHOE	$-\frac{1.00}{NONE}$	٠,,						310315		NIONIE			NT
DIRECTOR	NONE	X						NONE		NONE			NONE
22) BILLY MANN	1.00	 ⊦											
DIRECTOR (THRU 10/31/21)	NONE	X						NONE		NONE			NONE
23) KEVIN J. MURRAY	1.00											_	
DIRECTOR	NONE	X						NONE		NONE			NONE
24) JACQUELYN NANCE	1.00	-											
DIRECTOR	NONE	X						NONE		NONE			NONE
25) HERBERT PARDES, M.D.	1.00	-											
DIRECTOR	NONE	X						NONE		NONE			NONE
1b Sub-total								2,689,821.		NONE	3	306,	
c Total from continuation sheets to Part VII	, Section A							NONE		NONE			NONE
d Total (add lines 1b and 1c)							<u> </u>	2,689,821.		NONE	3	306,	<u>301.</u>
2 Total number of individuals (including but n		hose	liste	d a	bov	e) who	re	eceived more than	\$100,000	of			
reportable compensation from the organiza	tion ►					66							
												Yes	No
3 Did the organization list any former or													
employee on line 1a? If "Yes," complete Sch	edule J for su	ch ind	livid	ual							3		
4 For any individual listed on line 1a, is th	e sum of rep	oortab	ole d	com	per	sation	n ai	nd other compens	sation from	the			
organization and related organizations	greater than	\$15	50,0	00?	. It	"Yes	,"	complete Schedu	le J for	such			
individual											4		
5 Did any person listed on line 1a receive	or accrue co	mpen	sati	on i	fron	n any	un	related organization	on or indivi	dual			
for services rendered to the organization? If	"Yes," comple	te Scl	hedu	ıle J	J for	such	per	rson			5		
Section B. Independent Contractors													
1 Complete this table for your five highest co													
compensation from the organization. Report	rt compensati	on fo	r the	ca	lend	dar yea	ar e	ending with or with	nin the orga	ınizatio	n's tax		
year.							_						
(A)								(B)			(C)		
Name and business	address		_		_			Description of se	ervices	C	ompens	ation	
												_	

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

Page 8

AUTISM SPEAKS, INC. 20-2329938

(A)	/P)			11	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe	ition more	e than o is both or/trust	an ee)	Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) JAMIE T. RICHARDSON	1.00									
DIRECTOR	NONE	Х		Х				NONE	NONE	NONE
27) CHUCK SAFTLER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
28) STUART SAVITZ	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
29) DAN SCHULMAN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
30) STEPHEN SHORE, ED.D.	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
31) STEVEN P. STANBROOK	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
32) CHERYL VITALI	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
33) LISA YANG	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
34) ADAM FRAZIER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
35) DARREN GOODE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
36) WILLIAM O'CONNOR	1.00									
DIRECTOR (BEGIN 4/29/21)	NONE	X						NONE	NONE	NONE
1b Sub-total							\blacktriangleright			
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright			
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	<u> </u>									
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3
4 For any individual listed on line 1a, is the sorganization and related organizations greater	eater than	\$15	0,0	00?	l If	"Yes	5," (complete Schedu	le J for such	
individual										4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ıle J	l for	such	per	son		5
Section B. Independent Contractors										

year.

(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 ▶

AUTISM SPEAKS, INC. 20-2329938

Form 990 (2021)													Page 8
Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo			and F	lig	1	ed Employ	ees (co	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organization (W-2/1099-N	n from	am comp fro orga and	timated to the count of the cou	f ion on d
37) SUBRIANA PIERCE	1.00												
DIRECTOR (BEGIN 4/29/21)	NONE	X						NONE		NONE		:	NONE
DIRECTOR (BEGIN 7/29/21)	1.00 NONE	Х						NONE		NONE			NONE
		-											
1b Sub-total							.						
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>						▶	eceived more than	\$100,000,0	F			
reportable compensation from the organization		11030							Ψ100,000 0			Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	163	X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?) If	"Yes	3, "	complete Schedu	le J for s		4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individ		5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest com- compensation from the organization. Report of year.													
(A) Name and business add	Iress							(B) Description of se	rvices	Co	(C) ompens	ation	

(A) Name and business address	(B) Description of services	(C) Compensation
CRAFT & COMMERCE LLP	CREATIVE/ADVERTISING	4,227,119.
THOMPSON, HABIB & DENNISON INC	DIRECT MAIL SVCS	393,903.
FACEBOOK, INC	ADVERTISING	410,562.
THE ADVERTISING COUNCIL INC.	ADVERTISING	698,200.
NAMES IN THE NEWS	ADVERTISING	305,095.
2 Total number of independent contractors (including but not limited to thos		

more than \$100,000 in compensation from the organization ▶

20-2329938

Page 9

Form 990 (2021) AUT

Part VIII Statement of Revenue

ıaı	· VIII	Check if Schedule O contains a respon	nse or note to an	v 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 s	1a	Federated campaigns 1a	90,438.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
عَ ق	C	Fundraising events	3,114,225.				
fts, r A	d	Related organizations					
≘ّق	e	Government grants (contributions) 1e	4,129,017.				
ns,	f	All other contributions, gifts, grants,	, , , , , ,				
흕	١.	and similar amounts not included above . 1f	39,328,663.				
혈훈	q	Noncash contributions included in	,,				
늘	9	lines 1a-1f 1g	\$ 747,706.				
ခ်င်	h	Total. Add lines 1a-1f		46,662,343.			
		Total Add into ta 11 11 11 11 11 11 11 1	Business Code	.,,			
ë	20						
`, ₹	2a						
Se	b						
an Ve	C						
Reg	d						
Program Service Revenue	e	All other program conting revenue					
	f g	All other program service revenue	•	NONE			
	3	Investment income (including dividends,		-			
	"	other similar amounts)		5,064.			5,064.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	62,299.			62,299.
		(i) Real	(ii) Personal	, , , , , ,			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NONI	NONE				
	d	Net rental income or (loss)	-	NONE			
	7a	Gross amount from (i) Securities	(ii) Other	-10-12			
	۱ · ۵	sales of assets	() = 1				
		other than inventory 7a					
σ	b	Less: cost or other basis					
evenue	~	and sales expenses 7b					
š	_	Gain or (loss) 7c 894					
	d	Net gain or (loss)	•	894.			894.
Other R		Gross income from fundraising					
ŏ	8a	events (not including \$3,114,226.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	1,421,149.				
	b	Less: direct expenses 8b	1,421,149.				
	C	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
	Ju	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
e e	11a	RECOVERY OF PRIOR YEAR GRANTS	900099	24,553.		NONE	24,553.
ane	b	OTHER PROGRAM REVENUE	900099	16,500.		NONE	16,500.
Miscellaneous Revenue	C						
isc R	d	All other revenue				NONE	
Σ	e	Total. Add lines 11a-11d		41,053.			
	12	Total revenue. See instructions		46,771,653.		NONE	109,310.

Form **990** (2021)

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						
D -			(B)				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	3,789,191.	3,789,191.				
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	789,938.	789,938.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and						
	foreign individuals. See Part IV, lines 15 and 16	818,044.	818,044.				
4	Benefits paid to or for members	NONE					
5	Compensation of current officers, directors,						
	trustees, and key employees	1,584,394.	1,084,065.	333,340.	166,989.		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	NONE					
	Other salaries and wages	13,924,784.	9,794,507.	1,504,659.	2,625,618.		
8	Pension plan accruals and contributions (include	489,730.	342,127.	54,658.	92,945.		
	section 401(k) and 403(b) employer contributions)	1 754 050	1 040 700	104 540	201 500		
9	Other employee benefits	1,754,859.	1,248,728.	184,542.	321,589.		
10	Payroll taxes	1,144,250.	801,301.	141,559.	201,390.		
	Fees for services (nonemployees):	NONE					
	Management	142,881.	108,535.	34,346.			
	Legal	193,801.	135,660.	58,141.			
	Accounting	578,678.	578,678.	30,111.			
	Professional fundraising services. See Part IV, line 17	438,736.	3707070.		438,736.		
	Investment management fees	NONE					
	Other. (If line 11g amount exceeds 10% of line 25, column	-					
3	(A), amount, list line 11g expenses on Schedule O.)	2,219,423.	1,811,760.	68,219.	339,444.		
12	Advertising and promotion	5,380,773.	5,304,534.	-472.	76,711.		
13	Office expenses	3,025,442.	1,673,256.	94,698.	1,257,488.		
14	Information technology	1,544,954.	1,120,839.	138,407.	285,708.		
15	Royalties	NONE					
16	Occupancy	874,801.	654,755.	61,334.	158,712.		
17	Travel	454,955.	366,573.	5,538.	82,844.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	NONE					
19	Conferences, conventions, and meetings	1,439,490.	1,147,011.	2,368.	290,111.		
20	Interest	NONE					
21	Payments to affiliates	NONE					
22	Depreciation, depletion, and amortization	256,830.	208,886.	18,709.	29,235.		
23	Insurance	274,952.	191,573.	57,973.	25,406.		
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.)						
_	EVENT EXPENSES	1,867,524.	1,494,019.		373,505.		
	DONATION PROCESSING	484,165.	125,863.	325,410.	32,892.		
	COST OF BIOMATERIALS	113,119.	113,119.	323,110.	32,002.		
	DIRECT MAIL	357,876.	178,938.		178,938.		
	All other expenses	179,052.	144,585.	14,477.	19,990.		
	Total functional expenses. Add lines 1 through 24e	44,122,642.	34,026,485.	3,097,906.	6,998,251.		
	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						
	following SOP 98-2 (ASC 958-720)	14,489,195.	8,543,262.	1,080,750.	4,865,183.		

Form **990** (2021)

AUTISM SPEAKS, INC.

Form 990 (2021) Page **11**

Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,973,522.	1	10,389,162.
	2	Savings and temporary cash investments	6,116,091.	2	5,927,480.
	3	Pledges and grants receivable, net	3,698,518.	3	3,550,666.
	4	Accounts receivable, net	3,974,074.	4	4,323,693.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ą	9	Prepaid expenses and deferred charges	556,433.	9	470,710.
	_	Land, buildings, and equipment: cost or other	,		
		basis. Complete Part VI of Schedule D 10a 3,700,194.			
	b	Less: accumulated depreciation	720,588.	10c	726,684.
	11	Investments - publicly traded securities SEE SCHEDULE .Q	21,950,201.	11	21,952,383.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	217,652.	15	493,630.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	48,207,079.	16	47,834,408.
	17	Accounts payable and accrued expenses	4,644,863.	17	2,882,095.
	18	Grants payable	1,237,090.	18	286,669.
	19	Deferred revenue	109,613.	19	103,576.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
G	22	Loans and other payables to any current or former officer, director,	NONE	Z 1	IVOIVE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	27	110111
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	510,546.	25	208,090.
	26	Total liabilities. Add lines 17 through 25	6,502,112.	26	3,480,430.
	20	Organizations that follow FASB ASC 958, check here ► X	0,302,112.	20	3,100,130.
Fund Balances		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	29,613,313.	27	29,257,024.
Ba	28	Net assets with donor restrictions.	12,091,654.	28	15,096,954.
p		Organizations that do not follow FASB ASC 958, check here ▶	12,001,001.	20	13,000,001.
亞		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	41,704,967.	32	44,353,978.
Ž	33	Total liabilities and net assets/fund balances	48,207,079.	33	47,834,408.
			10,201,019.	55	Form 990 (2021)

Form **990** (2021)

20-2329938

17

AUTISM SPEAKS, INC.

Form 990 (2021) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI 46,771,653. 1 2 <u>44,122,642</u>. 3 2,649,011. 3 41,704,967 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 5 5 6 6 7 7 8 8 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 44,353,978 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII........... Yes No 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," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a Χ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis 2b Χ **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2c Χ the audit, review, or compilation of its financial statements and selection of an independent accountant?.... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Χ b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3b required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form **990** (2021)

SCHEDULE A (Form 990)

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.

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

omb No. 1545-0047
2021
Open to Public Inspection

20-2329938

Department of the Treasury Internal Revenue Service

Name of the organization

AUTISM SPEAKS,

Employer identification number

Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this p	art.) See instructions	5.	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	nurches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	rative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (C	complete Part II.)						
6		A federal, state, or local go	•				,,,,,,,,		
7	X	An organization that norma			pport fr	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)		•					
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state of	f the college or	
		university:							
10		An organization that norma 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	functions, subject to controlated business tax 1975. See section 509 0	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its	
11		An organization organized	•	•	-		, , , ,		
12		An organization organized a	•	•					
		one or more publicly suppor	_						
		the box on lines 12a throug					·	· · · ·	
а	L	Type I. A supporting orga	•				. , ,		
		the supported organization				ajority of	the directors or truste	es of the	
		supporting organization.	-					(-) - h h '	
b		Type II. A supporting org	•						
		control or management organization(s). You must		=	the sam	e persor	is that control of man	age the supported	
_		Type III functionally integ	•		tod in c	onnoctio	n with and functional	lly intograted with	
С		its supported organization						ny integrated with,	
d		Type III non-functionally	. , .	•				ted organization(s)	
u		that is not functionally into			-				
		requirement (see instruct			-			an attentiveness	
е		Check this box if the orga						I. Type III	
		functionally integrated, or					* * * * * * * * * * * * * * * * * * * *	., .,po	
f	En	iter the number of supported	• •			•			
g	Pr	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	lame 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)									
Tot	al								

AUTISM SPEAKS, INC.

Schedule A (Form 990) 2021 Page 2

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

Sec	tion A. Public Support				-		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,731,829.	9,489,221.	53,131,832.	41,719,693.	46,662,343.	210,734,918.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	59,731,829.	9,489,221.	53,131,832.	41,719,693.	46,662,343.	210,734,918.
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)						11,225,280.
6	Public support. Subtract line 5 from line 4						199,509,638.
	tion B. Total Support	() 0047	420040	() 0040	(I) 0000	() 0004	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	59,731,829. 135,295.	9,489,221. 156,606.	53,131,832. 456,059.	41,719,693. 85,965.	46,662,343. 67,364.	210,734,918.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,064,277.	42,270.	1,573,626.	888,433.	1,462,202.	6,030,808.
11	Total support. Add lines 7 through 10						217,667,015.
12	Gross receipts from related activities, etc. (s	,				12	
13 Sec	First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	<u> </u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
14	Public support percentage for 2021 (li			11 column (f))		14	91.66 %
15	Public support percentage from 2020		•			15	92.41 %
_	331/3% support test - 2021. If the org					•	
	box and stop here. The organization q	•					
b	331/3% support test - 2020. If the org	•		•			
	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 2	2021. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ine 14 is
	10% or more, and if the organization	n meets the fac	cts-and-circumst	ances test, che	eck this box an	id stop here. 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	2020. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization	zation meets th	e facts-and-circ	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets			-	•		
	organization						
18	Private foundation. If the organization						
	instructions						▶ □

20-2329938

Schedule A (Form 990) 2021

AUTISM SPEAKS, INC. 20-2329938

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees			, ,	, ,	,	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	,						
ıd	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
Ü	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Amounts from line 6	(-,	()	(5) = 5 + 5	(0, 2020	(0, 202)	(1)
9 10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	,						
	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						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	41		- 41-1	6:641- 4		F04(-)(0)
14	First 5 years. If the Form 990 is for	-					
500	organization, check this box and stop here. tion C. Computation of Public Supp						
	Public support percentage for 2021 (line 8,			mn (f))		15	0/
15 16	Public support percentage from 2020 Schee						<u>%</u>
16						16	70
_	tion D. Computation of Investment			12 column (f))		17	0/
17 40	Investment income percentage for 2021 (lin		•			17	%
18 40 -	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the org						
_	17 is not more than 331/3%, check this	-	-	•		• •	
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		top here. The or	ganızatıon qualifi	es as a publicly	supported orga and see inst	nization -

JSA 1E1221 1.000

Page 3

AUTISM SPEAKS, INC.

Schedule A (Form 990) 2021 Page 4

Part IV **Supporting Organizations**

(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.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated li class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(I purposes.
- 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 Part VI, including (i) the names and El 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 actic was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
ng by	_		
	1		
JS '			
ed	2		
er			
CI	3a		
nd			
ne			
	3b		
3)			
	3с		
If	4.5		
	4a		
gn on			
ווע	4b		
n			
∍d			
B)			
	4c		
5, "			
IN			
n;			
on	5a		
J	Эa		
dy	5b		
	5c		
to			
ed			
or			
	6		
or			
ty	7		
10	-		
ie	8		
re			
าร			
	9a		
h			
	9b		
fit	9с		
	96		
on ed			
, u	10a		
to			
	10b		
-dula	ο Δ (Fo	rm 990	1) 2021

AUTISM SPEAKS, INC.

Schedule A (Form 990) 2021 Page 5

	e A (Form 990) 2021		- 1	age 3	
Part	Supporting Organizations (continued)		V	NI -	
			Yes	NO	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing body of a supported organization?	11a			
	A family member of a person described on line 11a above?	11b			
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,				
	provide detail in Part VI.	11c			
Secti	on B. Type I Supporting Organizations				
			Yes	No	
1	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			
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.				
Coot:		2			
Secti	on C. Type II Supporting Organizations		V	NIa	
			Yes	NO	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1		<u> </u>	
Secti	on D. All Type III Supporting Organizations				
	Did the considering and the transfer of the consequent of consequent to the first described the fifth constitution		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of				
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	_			
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described on 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			
Secti	on E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	ruction	s).	
^	Activities Took Anguar lines 2s and 2h halow		Yes	No	
2	Activities Test. <i>Answer lines 2a and 2b below.</i>				
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	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 on line 2a, above, constitute activities that, but for the organization's				
D	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			
_					
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-			
_	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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b			

AUTISM SPEAKS, INC. 20-2329938

Schedule A (Form 990) 2021 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 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) 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. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2021

(see instructions).

b Applied to 2021 distributable amount

Part VI. See instructions.

Breakdown of line 7: Excess from 2017 Excess from 2018 Excess from 2019 d Excess from 2020 Excess from 2021

and 4c.

Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2022. Add lines 3j

Part V

Page 7 Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	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	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 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) Underdistributions Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021 Page 8

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 2022 IS REFLECTED IN THE 2021 COLUMN. 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. FISCAL YEAR 2018 IS REPORTED IN COLUMN A. OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING AND GAMING AS APPROPRIATE, ALONG WITH PROGRAM REVENUE.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization		Employer identification number						
AUTISM SPEAKS, INC. 20-2329938								
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ								
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundate	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation							
Check if your organization is co	vered by the General Rule or a Special Rule .							
Note: Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See						
General Rule								
_	ing Form 990, 990-EZ, or 990-PF that received, during the year, contrib property) from any one contributor. Complete Parts I and II. See instruction tributions.	_						
Special Rules								
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
contributor, during the contributions totaled n during the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that is:	n't covered by the General Pule and/or the Special Pules decen't file Sch	podulo B (Form 990), but it						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

AUTISM SPEAKS, INC.

Employer identification number
20-2329938

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	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	\$\$\$	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.)		

Schedule B (Form 990) (2021)	Page 3	
Name of organization		Employer identification number
AUTISM SPEAKS,	INC.	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.) QUADRANT STOCK OPTIONS 3 400,000. 12/16/2021 (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) 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) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.)

Schedule B (Form 990) (2021) Page **4**

Name of or	rganization			Employer identification number
	AUTISM SPEAKS, INC.			20-2329938
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use d	the year from any on ons completing Part e year. (Enter this in	one contributor. C Ill, enter the total of formation once. Se	omplete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfo and ZIP + 4	_	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transferee's name, address, and ZIP + 4		_	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfo and ZIP + 4	_	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe Transferee's name, address, and ZIP + 4		hip of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► 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 under section 501(h)): Complete Part II-A. Do not complete Part II-B.

		that have NOT filed Form 5768 (elec						
	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy			
•	Section 501(c)(4), (5), or (6) org							
	e of organization	·		Employer ide	ntification number			
AU]	TISM SPEAKS, INC.			20-23	329938			
		organization is exempt unde	section 501(c) or					
1		he organization's direct and inc						
	definition of "political campa	_						
2	Political campaign activity e	xpenditures. See instructions		▶\$				
3		campaign activities. See instructi						
Pai	rt I-B Complete if the o	organization is exempt under	section 501(c)(3).					
1	Enter the amount of any exc	cise tax incurred by the organizati	on under section 495	5▶\$				
2	Enter the amount of any exc	cise tax incurred by organization r	nanagers under secti	on 4955 ► \$				
3	If the organization incurred	a section 4955 tax, did it file Forn	1 4720 for this year?		Yes No			
4a	Was a correction made?				Yes No			
b	If "Yes," describe in Part IV.							
Pai	rt I-C Complete if the c	organization is exempt unde	r section 501(c), ex	ccept section 501(c)(3).			
1		xpended by the filing organization						
2		ng organization's funds contribute						
_	527 exempt function activiti	ies		▶\$				
3		enditures. Add lines 1 and 2. E						
4 5								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)								
(0)								
(3)			+					
(4)								
(5)								
(6)								

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

Schedule C (Form 990) 2021

sch	edule C (Form 990) 2021	$40.1.T\mathrm{SM}$	SPEAKS,	INC.		20	-2329938 Page ∠
Pa	cart II-A Complete if the org	anizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
4				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
3	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	oly.	
	Limits	on Lobb	ying Expend	ditures		(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to in	nfluence	public opini	ion (grassroots lobb	ying)		
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobbyi	ng) [
С	: Total lobbying expenditures (ad	d lines 1	a and 1b) .				
d	I Other exempt purpose expendit	ures					
е	Total exempt purpose expenditure	ıres (add	d lines 1c an	nd 1d)			
f	Lobbying nontaxable amount.	Enter th	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a	or (b) is:	The lobbying	ng nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
	Grassroots nontaxable amount				_		
	Subtract line 1g from line 1a. If						
i Subtract line 1f from line 1c. If zero or less, enter -0-							
j	If there is an amount other th				•		
	reporting section 4911 tax for the						Yes No
				aging Period Unde			
	(Some organizations tha				-		nns below.
		See	the separa	te instructions for I	ines 2a through	21.)	
		Lobk	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	1
	Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
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						

Schedule C (Form 990) 2021

	(election under section 501(h)).	(a)		(b)
	"Yes," response on lines 1a through 1i below, provide in Part IV a detailed n of the lobbying activity.	Yes	No		nount
	g the year, did the filing organization attempt to influence foreign, national, state, or local				
•	ation, including any attempt to influence public opinion on a legislative matter or endum, through the use of:				
	nteers?	X			
	staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X			
	a advertisements?	X			
	ngs to members, legislators, or the public?		Х		
e Publi	cations, or published or broadcast statements?		Х		
	s to other organizations for lobbying purposes?		Х		
_	t contact with legislators, their staffs, government officials, or a legislative body?	X			477,4
	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	37	Х		101 0
	ractivities?	X			101,2 578,6
	Add lines 1c through 1i		x		5/6,0
	ne activities in line 1 cause the organization to be not described in section 501(c)(3)? s," enter the amount of any tax incurred under section 4912		Λ		
	s, enter the amount of any tax incurred by organization managers under section 4912				
	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	
					Yes
	substantially all (90% or more) dues received nondeductible by members?			1	
2 Did th	ne organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	ne organization agree to carry over lobbying and political campaign activity expenditures fro				
Part III-B	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."		-		e 3, is
l Dues.	assessments and similar amounts from members			1	
2 Section	on 162(e) nondeductible lobbying and political expenditures (do not include amou				
-	cal expenses for which the section 527(f) tax was paid).			2a	
_	ent year		• • •	2b	
•	over from last year			2c	
	egate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du		• • • •	3	
	ices were sent and the amount on line 2c exceeds the amount on line 3, what portion			-	
	is does the organization agree to carryover to the reasonable estimate of nondeductible le				
exces	olitical expenditure next year?	•	[4	
	ble amount of lobbying and political expenditures. See instructions			5	
and p					
and p Taxab Part IV	Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate				

Schedule C (Form 990) 2021

Part IV Supplemental Information (continued)

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING THE PERIOD BEGINNING APRIL 1, 2021, AND ENDING MARCH 31, 2022,

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, SAFE COMMUNITIES, FINANCIAL EMPOWERMENT, AND

CAREGIVER SKILLS TRAINING, AND CONTINUED OUR LONG-STANDING EFFORT TO

INCREASE APPROPRIATIONS FOR AUTISM RESEARCH AND SERVICES. IN THE STATES,

WE ADVOCATED FOR IMPROVED ACCESS TO HOME AND COMMUNITY-BASED SERVICES,

LOWERING THE AGE AT WHICH TRANSITION SERVICES BEGIN, ADDRESSING

CHALLENGING BEHAVIORS, AND ENHANCING ACCESS TO AUTISM INTERVENTIONS

THROUGH PRIVATE AND PUBLIC INSURANCE COVERAGE.

AUTISM SPEAKS PURSUED ITS ADVOCACY OBJECTIVES THROUGH GRASSROOTS

VOLUNTEERS, PAID STAFF, CONTACT WITH LEGISLATORS AND THEIR STAFF AND

EXECUTIVE AGENCY PERSONNEL, AND VIRTUAL AND IN-PERSON 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AUT	CISM SPEAKS, INC.	20-2329938
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	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	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	Yes No
Pa	rt II 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).	
		of a historically important land area
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	24
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection	
J	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of violations and enforcing of violations.	
•	• Total and volunteer flours devoted to monitoring, inspecting, fluiding of violations, and emotioning to	conservation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
-	> \$	meer raner reasonneme aarmig me year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	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 of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes th	or research in furtherance of public lese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	.
	(i) Revenue included on Form 990, Part VIII, line 1	· · · · · · · · • \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	.
a	Revenue included on Form 990, Part VIII, line 1	
b	/\ooolo iiioiuuoU III I UIIII 330, I QIL/\	

Sche	dule D (Form 990) 2021 AUTISM SF	PEAKS, INC.			20-2329938	Page 2
Pa	rt Organizations Maintaining Colle		rical Treasures, o	r Other Similar A	Assets (continued)	
3	Using the organization's acquisition, access	ssion, and other recor	ds, check any of th	e following that m	nake significant use	of its
	collection items (check all that apply):	_	_			
а	Public exhibition	d	Loan or exchange			
b	Scholarly research	e	Other			
С	Preservation for future generations					_
4	Provide a description of the organization's	collections and expla	ain how they further	r the organization's	s exempt purpose in	Part
_	XIII.		faut bistavisaltusas			
5	During the year, did the organization solicit assets to be sold to raise funds rather than t					¬ No
Da	rt IV Escrow and Custodial Arrangen		iri or the organization	18 collection?	Tes	No
ıa	Complete if the organization and		m 990 Part IV line	9 or reported a	n amount on Form	
	990, Part X, line 21.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000, 1 a.t. 17,	o, or reported a	mamount on romi	
1a	Is the organization an agent, trustee, cust	todian or other interm	nediary for contribut	tions or other asse	ets not	
	included on Form 990, Part X?		-		Yes	No
b	If "Yes," explain the arrangement in Part XI					_
					Amount	
С	Beginning balance		1c			
d	Additions during the year		1d			
е	Distributions during the year		<u>1e</u>			
f	Ending balance					
	Did the organization include an amount on					_ No
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	xplanation has been p	provided on Part XIII	·	
Pa	rt V Endowment Funds.	a.ad \/aa a.a Car	000 David IV line	. 40		
	Complete if the organization ans				h (-) F	
		ırrent year (b) Prio	r year (c) Two yea	ars back (d) Three ye	rears back (e) Four years	в раск
1 a	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 of the cu	rrent vear end balance	e (line 1g. column (a)) held as:		
	Board designated or quasi-endowment ▶_	%	- (· g, · · · · · · · ()	,		
b	Permanent endowment ▶%					
С	Term endowment ▶%					
	The percentages on lines 2a, 2b, and 2c sh	•				
3a	Are there endowment funds not in the poss	session of the organiza	ition that are held ar	nd administered for		T
	organization by:				Yes	No
	(i) Unrelated organizations				3a(i)	
L	(ii) Related organizations				3a(ii) 3b	
_	If "Yes" on line 3a(ii), are the related organ	•			30	
4 Pa	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment		wittent tunus.			
ı a	Complete if the organization and	swered "Yes" on For	m 990, Part IV, lin	e 11a. See Form	990, Part X, line 10).
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
	Land	(mrvosumont)	(otiloi)	aopionation		
b	Buildings					
С	Leasehold improvements	NONE	562,330.	556,913.	5,4	117.
d	Equipment	NONE		666,941.	28,6	
_е	Other	NONE		1,749,656.	692,5	
	II. Add lines 1a through 1e. (Column (d) mus				726.6	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	AUTTOM CDEAKO TMO	20-2329938 Page 3

Schedule D (Form 990) 2021 AUTISM SPEAKS,	INC.		-2329938 Page
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year marke	et value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 99	0 Part IV line 11d See Form 990	Part X line 15
· · · · · · · · · · · · · · · · · · ·	scription	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(b) Book value
<u>(1)</u>	ooripaori		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X Other Liabilities.			
Complete if the organization answered line 25.	l "Yes" on Form 99	0, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes			
(2)DEFERRED RENT			208,090.
(3)INTERCOMPANY PAYABLE			NONE
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Column (b) must squal Form 000, Port V, sel. (P) line 25.)		<u> </u>	200 000
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	208,090.

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

Schedule D (Form 990) 2021 AUTISM SPEAKS, INC 20-2329938 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2c d Other (Describe in Part XIII.) 2e Add lines 2a through 2d 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a Donated services and use of facilities 2b 2c d Other (Describe in Part XIII.) 2e 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART X, LINE 2

AS FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES
RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. GUIDANCE
PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE
RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS
"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE
CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS
BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO
THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

AS IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH
IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS
THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AS HAS PROCESSES
PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO
IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX
OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND
EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE
CANADIAN ENTITY, EXEMPT FROM CANADIAN INCOME TAXES, IS ORGANIZED WITHOUT
SHARE UNDER THE CANADIAN CORPORATIONS ACT. AS HAS DETERMINED THAT THERE
ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR
DISCLOSURE IN THE FINANCIAL STATEMENTS.

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

2021

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

Employer identification number

AUTISM SPEAKS, INC.				20-232993	88
General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	nswered "Yes" or
1 For grantmakers. Does the or	ganization mai	ntain records	to substantiate the amou	nt of its grants and	
other assistance, the grantees'		_			
award the grants or assistance?					X Yes No
2 For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3 Activities per Region. (The follow	wing Part I, line	3 table can be	e 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	NONE	NONE	GRANTMAKING		398,855.
(2) EUROPE	NONE	NONE	GRANTMAKING		376,914.
(3) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		36,279.
(4) SOUTH ASIA	NONE	NONE	GRANTMAKING		5,996.
(E)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			818,044.
b Total from continuation sheets to Part I		-			
c Totals (add lines 3a and 3b)	NONE	NONE			818,044.

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 Page **2**

Part II									
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. F	Part II can be	duplicated if additi	ional space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	SCIENCE & RE	186,947.	CHECK			
(2)			NORTH AMERICA	SCIENCE & RE	86,867.	CHECK			
(3)			NORTH AMERICA	SCIENCE & RE	125,041.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	SCIENCE & RE	250,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	SCIENCE & RE	58,359.	CHECK			
(6)			EUROPE/ICELAND/GREENLAND	SCIENCE & RE	68,555.	CHECK			
(7)			SOUTH ASIA	SCIENCE & RE	5,996.	CHECK			
(8)			SUB-SAHARAN AFRICA	SCIENCE & RE	25,509.	CHECK			
(9)			SUB-SAHARAN AFRICA	SCIENCE & RE	10,770.	CHECK			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient or mpt 501(c)(3) organization by the er total number of other organiz	ne IRS, or for which t	the grantee or counsel has	provided a sec	tion 501(c)(3) equiv	valency letter	▶		9

Schedule F (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 Page **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2021 AUTISM SPEAKS, INC. Page **2**0 – 232

Part	IV Foreign Forms		-3-2
ıaıı	1 Oreign 1 Orms		
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)	Ye	es 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)	Ye	es X 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)	Ye	es X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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)	Ye	es 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)	Ye	es X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Ye	es X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938

Part V Supplem

Supplemental Information

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

PART I, LINE 2:

FOR SCIENCE GRANTS:

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

FOR SERVICES AND SUPPORTS GRANTS:

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

Page 5

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization					Employer identification	n number
AUTISM SPEAKS, INC.					20-232993	
Part I Fundraising Activities. Comp				Yes" on Form 99	0, Part IV, line 1	7.
Form 990-EZ filers are not re	quired to comple	te this pa	art.			
1 Indicate whether the organization rais	·			activities. Check a	all that apply.	
a X Mail solicitations	e		_	non-government g		
b X Internet and email solicitations	f			government grants		
c X Phone solicitations	g g			ising events	•	
d X In-person solicitations	9	Opc.	ciai iunara	ioning events		
•		ما بیمہ طفان	مائيناماييما رائم	ماريطنسم مطانموسم ط	iraatara trustaaa	
 2a Did the organization have a written of or key employees listed in Form 990, b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the organization. 	Part VII) or entity viduals or entities	in connec	ction with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser 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
SEE SUPPLEMENT INFORMATION		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			•	2,801,374.	438,736.	2,362,638.
3 List all states in which the organizat registration or licensing.	ion is registered o	or licensed	d to solicit			
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI	TT.					
KS, KY, LA, ME, MD, MA, MI, MN, MS, NV		NC ND (OH			
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV		INC, ND,	ОП,			

Schedule G (Form 990) 2021

AUTISM SPEAKS, INC.

20-2329938

Page 2

Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000	ent contributions and g			
-			(a) Event #1 CHEF GALA (event type)	(b) Event #2 GOLF EVENT (event type)	(c) Other events 50 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,214,078.	413,571.	2,907,726.	4,535,375.
æ		Less: Contributions Gross income (line 1 minus	649,945.	201,409.	2,262,872.	3,114,226.
_		line 2)	564,133.	212,162.	644,854.	1,421,149.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	550,107.	208,700.	440,673.	1,199,480.
t Exp	7	Food and beverages	8,334.	9.	85,057.	93,400.
Direc	8	Entertainment			18,249.	18,249.
	9	Other direct expenses	5,692.	3,454.	100,874.	110,020.
Pa	11	Direct expense summary. Add lin- Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)		1,421,149. reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
≅xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a	ì	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state		Yes No
10 a		Were any of the organization's gamino				Yes No

Sched	ule G (Form 990 or 990-EZ) 2021 AUTISM SPEAKS, INC.		329938	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			<u>%</u>
b	An outside facility	3b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and		
	Name ▶			
	Address ▶			
15 2	Does the organization have a contract with a third party from whom the organization receives ga	mina		
154	revenue?	_	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ at	nd the		
_	amount of gaming revenue retained by the third party ▶ \$			
С				
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3			
	retain the state gaming license?			No
b		iizations		
	or spent in the organization's own exempt activities during the tax year > \$!!!\ _ · !	(- A 1	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

Schedule G (Form 990 or 990-EZ) 2021

AUTISM SPEAKS, INC. 20-2329938

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

THOMPSON, HABIB & DENISON

ADDRESS:

55 OLD BEDFORD ROAD SUITE 201 LINCOLN, MA 01773

ACTIVITY :

DIRECT MAIL CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: 2,801,374.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 438,736.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 2,362,638.

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

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

AUTISM SPEAKS, INC.						20-2329938	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?					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
1584 TULLIE CIRCLE ATLANTA, GA 30329	26-2809380	501(C)3	77,540.				SCIENCE & RESEARCH
(2) CHILDRENS HOSPITAL LOS ANGELES							
4650 SUNSET BLVD. LOS ANGELES, CA 90027	95-1690977	501(C)3	68,547.				SCIENCE & RESEARCH
(3) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT							
3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)3	170,617.				SCIENCE & RESEARCH
(4) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT							
120 THEORY STE 200 IRVINE, CA 92617	95-2226406	501(C)3	179,491.				SCIENCE & RESEARCH;
(5) THE CHILDREN'S HOSPITAL OF PHILADELPHIA							
3401 CIVIC CENTER BLVD.	23-1352166	501(C)3	96,992.				SCIENCE & RESEARCH
(6) THE CURATORS OF THE UNIVERSITY OF MISSOURI-							
118 UNIVERSITY HALL COLUMBIA, MO 65211	43-6003859	GOV	137,729.				SCIENCE & RESEARCH
(7) RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S							
700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-6056230	501(C)3	134,433.				SCIENCE & RESEARCH
(8) UNIVERSITY OF PITTSBURGH							
116 ATWOOD ST #201 PITTSBURGH, PA 15260	25-0965591	501(C)3	143,010.				SCIENCE & RESEARCH
(9) UNIVERSITY OF ROCHESTER							
910 GENESEE STREET BROOKS LANDING BUSINESS	16-0743209	501(C)3	148,027.				SCIENCE & RESEARCH
(10) VANDERBILT UNIVERSITY MEDICAL CENTER							
PMB 406310 2301 VANDERBILT PLACE	62-0476822	501(C)3	122,690.				SCIENCE & RESEARCH
(11) REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELE							
10920 WILSHIRE BLVD SUITE 620	95-6006143	501(C)3	179,387.				SCIENCE & RESEARCH
(12) THE BOARD OF TRUSTEES OF THE LELAND STANFOR							
485 BROADWAY, MAIL CODE 8838	94-1156365	501(C)3	265,809.				SCIENCE & RESEARCH
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			36
3 Enter total number of other organizations lis	ted in the line	1 table					

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

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

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificat	on number
AUTISM SPEAKS, INC.						20-2329938	
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the 	s or assistand dures for mor omestic Or	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organiza	ation answered "Y	Yes No
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) THE GENERAL HOSPITAL CORPORATION							
55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	111,146.				SCIENCE & RESEARCH
(2) THE OHIO STATE UNIVERSITY							
1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	501(C)1	81,536.				SCIENCE & RESEARCH
(3) BOARD OF REGENTS OF THE UNIVERSITY OF WISCO							
21 N. PARK ST., SUITE 6401	39-6006492	115(1)	30,000.				SCIENCE & RESEARCH
(4) EMORY UNIVERSITY							
1762 CLIFTON RD, SUITE 1400 MAIL STOP: 0970	58-0566256	501(C)3	246,906.				SCIENCE & RESEARCH
(5) HOSPITAL FOR SPECIAL CARE, INC							
2150 CORBIN AVENUE NEW BRITAIN, CT 06053	06-0646766	501(C)3	30,000.				SCIENCE & RESEARCH
(6) PHOENIX CHILDREN'S HOSPITAL							
2929 E. CAMELBACK RD. STE. 122	74-2421549	501(C)3	109,903.				SCIENCE & RESEARCH
(7) PRISMA HEALTH-UPSTATE							
300 EAST MCBEE AVENUE NO 302	81-1723202	501(C)3	32,003.				SCIENCE & RESEARCH
(8) REGENTS OF THE UNIVERSITY OF COLORADO							
1800 N GRANT ST STE 200 DENVER, CO 80203	84-6000555	501(C)3	50,000.				SCIENCE & RESEARCH
(9) THE METROHEALTH SYSTEM							
2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	GOV	67,355.				SCIENCE & RESEARCH
(10) THE RECTOR & VISITORS OF THE UNIVERSITY OF							
101 N. EMMET STREET	54-6001796	GOV	30,000.				SCIENCE & RESEARCH
(11) UNIVERSITY OF MASSACHUSETTS, WORCESTER							
55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	GOV	58,653.				SCIENCE & RESEARCH
(12) UNIVERSITY OF NEBRASKA BOARD OF REGENTS							
986000 NEBRASKA MEDICAL CENTER	54-6001796	GOV	30,000.				SCIENCE & RESEARCH
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	-	•					

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

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

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificati	on number
AUTISM SPEAKS, INC.						20-2329938	
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e?nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	pe duplicated if a	additional space is n	eeded.	
(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) CHILDREN'S HOSPITAL CORPORATION							
300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)3	104,210.				SCIENCE & RESEARCH
(2) UNITED STATES FUND FOR UNICEF							
125 MAIDEN LANE 10TH FLOOR	13-1760110	501(C)3	210,000.				SCIENCE & RESEARCH
(3) ANDERSON FIVE EDUCATION FOUNDATION							
PO BOX 439 ANDERSON, SC 29622	47-2373444	501(C)3	9,255.				SERVICES
(4) FAST FEET RUNNING AND ATHLETICS INC							
184 DRIGGS AVE 4L BROOKLYN, NY 11222	83-3696610	501(C)3	45,000.				SERVICES
(5) GOODWIN COLLEGE INC							
ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118	06-1627882	501(C)3	20,000.				SERVICES
(6) KESHET							
610 ACADEMY DR NORTHBROOK, IL 60062	36-3441392	501(C)3	8,000.				SERVICES
(7) MULTIPLE OPTIONS FOR DEVELOPMENTAL AND EDUC							
3020 TREMAINSVILLE ROAD TOLEDO, OH 43613	31-1606800	501(C)3	10,000.				SERVICES
(8) PORTAGE TOWNSHIP PORTER COUNTY							
3590 WILLOWCREEK RD SUITE B	35-6003678	LOCAL GOV	7,351.				SERVICES
(9) SPECIAL GIFTS THEATRE, INC							
PO BOX 2231 NORTHBROOK, IL 60065	36-4353916	501(C)3	10,000.				SERVICES
(10) TARRANT COUNTY COLLEGE DISTRICT							
300 TRINITY CAMPUS CIRCLE	75-1217163	1.103-1 POL	20,000.				SERVICES
(11) VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS							
11840 WESTLINE INDUSTRIAL DR SUITE 220	43-6078016	501(C)3	10,000.				SERVICES
(12) WAUKEGAN PARK DISTRICT							
1324 GOLF ROAD WAUKEGAN, IL 60087	36-6006138	LOCAL GOV	45,000.				SERVICES
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		. •	
3 Enter total number of other organizations list	ted in the line	1 table					

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

Schedule I (Form 990) (2021) AUTISM SPEAKS, INC. 20-2329938 Page 2

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	188	113,233.			
2 PREDOCTORAL FELLOWSHIPS	20	609,724.			
3 POSTDOCTORAL FELLOWSHIPS	2	66,981.			
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) (2021)

Schedule I (Form 990) (2021)	AUTISM SPEAKS, INC.	20-2329938	Page 2
Concadio I (I cimi coo) (Ecc I)	AUTION DIDAMO, INC.		i ago 🗕

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	2.
 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					
1					
i					
3					
,					

Part IV 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.

INC.

SCHEDULE J (Form 990)

Compensation InformationFor 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 AUTISM SPEAKS,

Employer identification number

20-2329938

Part	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)			
	Manus Calus Institute Annual Institute A			
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:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	if tes to any of lifes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х	
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		1

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 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.

		(B) Breakdown of W-2 a	ind/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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)	515,615.	135,486.		6,067.	25,766.	682,934.	
1 PRESIDENT/CEO (THRU 1	(ii)							
JOSEPH VANYO	(i)	293,326.			10,735.	12,948.	317,009.	
2 CHIEF OPERATING OFFIC	(ii)							
JENNIFER PODOLL	(i)	221,412.				39,592.	261,004.	
3 SVP, CONSTITUENT ENGA	(ii)							
ANDY SHIH	(i)	255,184.	14,000.		10,736.	39,592.	319,512.	
4 CHIEF SCIENCE OFFICER	(ii)							
STUART SPIELMAN	(i)	234,160.			9,251.	189.	243,600.	
5 SVP, ADVOCACY	(ii)							
LYNN HAPPEL	(i)	219,978.			8,950.	22,474.	251,402.	
6 SVP, IT & DATA SUPPOR	(ii)							
MELANIE AKINS	(i)	204,268.			8,367.	37,453.	250,088.	
7 VP, CORPORATE INITIAT	(ii)							
DONNA S. MURRAY	(i)	206,065.			8,354.	13,588.	228,007.	
8 VP, HEAD CLINICAL PRO	(ii)							
LISA GERBASI	(i)	281,655.			11,308.	37,666.	330,629.	
9 STRATEGIC INITIATIVES	(ii)							
	(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) 2021 AUTISM SPEAKS, INC. 20-2329938 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)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Open to Public Inspection

AUTISM SPEAKS INC Employer identification number

20-2329938 **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 16 239,769. FMV 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ▶ (CRYPTOCURRENCY Χ 2.8 107,937. FMV 25 1 26 Other ▶ (STOCK OPTIONS Χ 400,000. FMV Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 NONE which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?................... 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard

contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

contributions? **b** If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2021

31

32a

Χ

Χ

Schedule M (Form 990) (2021)

AUTISM SPEAKS, INC.

20-2329938 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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

AUTISM SPEAKS, INC

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

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

THE COMPENSATION COMMITTEE OF THE BOARD IS COMPRISED OF INDEPENDENT

PERSONS. THE COMMITTEE REVIEWS CEO COMPENSATION OF SEVERAL NATIONAL

NON-PROFITS OF SIMILAR SIZE AND SCOPE WHEN DETERMINING APPROPRIATE AND

REASONABLE COMPENSATION FOR AUTISM SPEAKS' PRESIDENT AND OTHER SENIOR

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2021
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

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. THE

INDEPENDENT PERSONS, AFTER CONSIDERING THE COMPARABILITY DATA, DOCUMENT

THEIR DECISIONS CONTEMPORANEOUSLY IN MINUTES.

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

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

Schedule O (Form 990 or 990-EZ) 2021

Name of the organization

Employer identification number

AUTISM SPEAKS, INC. 20-2329938

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, 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, Schedule O (Form 990 or 990-EZ) 2021 Page **2**

Name of the organization

AUTISM SPEAKS, INC.

Employer identification number

20-2329938

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

BEGINNING ENDING COST
DESCRIPTION BOOK VALUE BOOK VALUE OR FMV

US TREASURY MONEY MKT FUNDS 21,950,201. 21,952,383.

TOTALS ----- ----

SCHE	DULE	F
(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 Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organizationEmployer identification numberAUTISM SPEAKS, INC.20-2329938

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
1)					
2)					
3)					
4)					
5)					
6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	(g) 512(b)(13) trolled tity?
						Yes	No
(1) AUTISM SPEAKS CANADA 86-9420208							
2450 VICTORIA PARK AVENUE TORONTO, ONTARIO CA	SEE PART VII	CA			AUTISM SPEAK	Х	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 Page **2**

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	income year assets		allocations? amount in box of Schedule k (Form 1065		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or laging tner?	(k) Percentage ownership
			oounity)		,			Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

				<u> </u>			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

schedule R (Form 990) 2021	AUTISM SPEAKS, INC.	20-2329938	Page 3

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

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	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Χ
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Χ
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		Χ
h	Purchase of assets from related organization(s)				1h		Χ
i	Exchange of assets with related organization(s)				1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Χ
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
0	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Χ
r	Other transfer of cash or property to related organization(s)				1r		Χ
S	Other transfer of cash or property from related organization(s)				1s		Χ
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete to	this line, including cove	ered relationships and trans	action thre	sholds	3.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)	rminin	a
	Name of Folded organization	type (a-s)	Amount involved		int invo		9
(1)	AUTISM SPEAKS CANADA	В	368,323.	CASH P	AYME	ENT	
(0)							
(2)							
(2)							
(3)							
(4)							
(4)							
(5)							
(0)							_
(6)							
('')							

Schedule R (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 Page **4**

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organiz	e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ner?	(k) Percentage ownership
			from tax under sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)	_												
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2021

AUTISM SPEAKS, INC.

20-2329938 Page **5**

Part VII Supplemental Information

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

FORM 990, SCHEDULE R PART II (B)

AUTISM SPEAKS CANADA - AUTISM SPEAKS CANADA IS DEDICATED TO PROMOTING

SOLUTIONS, ACROSS THE SPECTRUM AND THROUGHOUT THE LIFESPAN, FOR THE NEEDS

OF INDIVIDUALS WITH AUTISM AND THEIR FAMILIES BY SUPPORTING AND WORKING

WITH COMMUNITY PARTNERS; ENHANCING RESOURCES AND SERVICES; INCREASING

UNDERSTANDING, ACCEPTANCE AND INCLUSION OF PEOPLE WITH AUTISM SPECTRUM

DISORDER; AND ADVANCING RESEARCH INTO CAUSES AND BETTER INTERVENTIONS FOR

AUTISM SPECTRUM DISORDER AND RELATED CONDITIONS.



GRANT THORNTON LLP

Autism Speaks, Inc.
Instructions for Filing
Form 8879-EO

IRS e-file Signature Authorization for Form 990
For the year ended March 31, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

GRANT THORNTON
2001 MARKET STREET, SUITE 700
PHILADELPHIA PA 19103

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before February 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

"Grant Thornton" refers to Grant Thornton LLP, the U.S. member firm of Grant Thornton International Ltd (GTIL), and/or refers to the brand under which the GTIL member firms provide audit, tax and advisory services to their clients, as the context requires. GTIL and each of its member firms are separate legal entities and are not a worldwide partnership. GTIL does not provide services to clients. Services are delivered by the member firms in their respective countries. GTIL and its member firms are not agents of, and do not obligate, one another and are not liable for one another's acts or omissions. In the United States, visit GT.COM for details.

Form **8879-TE**

IRS e-file Signature Authorization

for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning $\frac{04/01/2021}{2021}$ and ending $\frac{03/31/2022}{2021}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN

AUTISM SPEAKS,	INC.				20-232	9938
Name and title of officer or person	subject to tax					
JOSEPH T VANYO,	C00					
Part I Type of Retui	n and Return In	formation				
Check the box for the return CP and Form 5330 filers may 5a, 6a, 7a, 8a, 9a, or 10a be 5b, 6b, 7b, 8b, 9b, or 10d applicable line below. Do not the contract of the contract o	y enter dollars and elow, and the amo o, whichever is ap	cents. For all other unt on that line for plicable, blank (do	forms, enter who the return being f	ole dollars only. If you iled with this form wa	check the box or s blank, then leave	n line 1a, 2a, 3a, 4a, e line 1b, 2b, 3b, 4b,
• •			(F. 000 B. (46001652
1a Form 990 check here 2a Form 990-EZ check he 3a Form 1120-POL check 4a Form 990-PF check here 5a Form 8868 check here 6a Form 990-T check here	re	Total revenue, if an Total tax (Form 11: Tax based on inve Balance due (Form	y (Form 990-EZ, ling 20-POL, line 22) . stment income (Foots 8868, line 3c)	VIII, column (A), line 12 ne 9)	2b 3b 4b 5b	
7a Form 4720 check here						
8a Form 5227 check here				rm 5227, Item D)		
9a Form 5330 check here					-	
10a Form 8038-CP check h	. —			I (Form 8038CP, Part II		
				n Subject to Tax	., ==, 1102	
Under penalties of perjury, I					t to tax with respe	ct to (name
of entity)			, (EIN)		e examined a copy	
acknowledgement of receipt of the date of any refund. If appi (direct debit) entry to the final return, and the financial instit 1-888-353-4537 no later than processing of the electronic payment. I have selected electronic funds withdrawal. PIN: check one box only	licable, I authorize the notal institution accountion to debit the error 2 business days prayment of taxes to a	ne U.S. Treasury and bunt indicated in the st try to this account. T ior to the payment (s eceive confidential in	d its designated Fir tax preparation sof o revoke a paymer ettlement) date. I oformation necessa	nancial Agent to initiate a ftware for payment of th nt, I must contact the U.S also authorize the financ ary to answer inquiries an	n electronic funds v ne federal taxes owe S. Treasury Financia cial institutions invol nd resolve issues re	vithdrawal ad on this al Agent at ved in the lated to
		TITI O N T		, , DIN		4
on the tax year 2021		name eturn. If I have indica		to enter my PIN urn that a copy of the re orize the aforementioned	Enter five numbers do not enter all zer eturn is being filed w	ros rith a state
	on subject to tax with indicated within ձեն program, I will enter	i តូក៖មេស្: that a copy of	the return is bein	IN as my signature on the g filed with a state agent ascreen. Date 1/5/		narities as part
Part III Certification		002E04A4F2 On				
ERO's EFIN/PIN. Enter your s number (EFIN) followed by you	ur five-digit self-selec	ted PIN.		o not enter all zeros	0 5	irm that I
am submitting this return in a Providers for Business Returns	ccordange with the	requirements of Pub.		e-File (MeF) Informatio	n for Authorized IRS	S e-file
ERO's signature	Alycia Soluck			Date >	/2023 12:50	PM CST

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2021)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A I	For th	e 2021	calendar year, or tax year beginning 04/01/2021	and ending			03/	31/2022	
			C Name of organization		D	Employer iden	tificat	ion number	
В	Check if a	pplicable:	AUTISM SPEAKS, INC.						
	Addre		Doing business as			20-2329	938		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E.	Telephone nun	nber		
	Initia	return	1060 STATE ROAD			(609)22	8 – 7	'339	
		return/ nated	City or town, state or province, country, and ZIP or foreign postal code			, ,		,	
	Amer	nded	PRINCETON, NJ 08540		G	Gross receipts	\$	48,192,802.	
		cation	F Name and address of principal officer: JOSEPH T VANYO		H(a) Is this a grou			
	pend	ing	1060 STATE ROAD, PRINCETON, NJ 08540		н	subordinates? b) Are all subordin			
1	Tax-ex	empt st		r 527		•		st. See instructions	
J			WWW.AUTISMSPEAKS.ORG	. 02.		c) Group exemp	tion nu	mber >	
K			ization: X Corporation Trust Association Other	L Year of				of legal domicile: DE	
	art I		mmary			2005 0		- regar definition DI	
	1	•	describe the organization's mission or most significant activities: AUTISI	M CDEVKO	S TS F	NHANCTNO	. T.T	VES TODAV	
a		•	ACCELERATING A SPECTRUM OF SOLUTIONS FOR TOMO:		J 10 E.	IVIIAIVCIIVC	. பட	VED TODAT	
ğ		АМД	ACCELERATING A SPECIROM OF SOLUTIONS FOR TOMO.	KKOW.					
š	2	Chool	this box if the organization discontinued its operations or disposed	d of more the	n 25% of	ita nat aggeta			
Governance	3					1	3	27	
<u>ھ</u>	4		er of voting members of the governing body (Part VI, line 1a)						
es	4		er of independent voting members of the governing body (Part VI, line 1b)				4		
Activities &	5		number of individuals employed in calendar year 2021 (Part V, line 2a)				5	181	
ζţ	6		number of volunteers (estimate if necessary)				6	80,000	
_	l a		unrelated business revenue from Part VIII, column (C), line 12				7a	NONE	
	b	Net ui	nrelated business taxable income from Form 990-T, Part I, line 11				7b	NONE	
	_				Prior Year	_	Current Year		
ne	8		butions and grants (Part VIII, line 1h)		41	1,719,69		46,662,343.	
Revenue	9		am service revenue (Part VIII, line 2g)			NE	NONE		
	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			26,98	_	5,958.	
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				103,352.		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42	2,083,29	6.	46,771,653.	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		4	4,027,45	8.	5,397,173.	
	14	Benef	its paid to or for members (Part IX, column (A), line 4)			NC	NE	NONE	
Ses	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).		19	9,524,30	6.	18,898,017.	
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			349,79	7.	438,736.	
xbe	b	Total	fundraising expenses (Part IX, column (D), line 25) 6,998,251.						
Ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		17	7,264,94	3.	19,388,716.	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		41	1,166,50	4.	44,122,642.	
	19	Rever	ue less expenses. Subtract line 18 from line 12			916,79	2.	2,649,011.	
Ses					Beginning	g of Current Y	ear	End of Year	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)	48	3,207,07	9.	47,834,408.		
ABS	21		liabilities (Part X, line 26)		6	5,502,11	2.	3,480,430.	
	22		ssets or fund balances. Subtract line 21 from line 20			1,704,96		44,353,978.	
	art II	Sig	gnature Block						
Un	der pe		of perjury, I declare that I have examined this return, including accompanying schedul				my kr	nowledge and belief, it is	
tru	e, corre	ect, and	Doorustighted Day claration of preparer (other than officer) is based on all information of which	h preparer has	s any know	ledge. 1/5/20	122	1:26 PM CST	
		.1	oe Vanyo			1/3/20	123	1.20 PM C31	
Siç		~_	iggoestadoerola Africar		Date				
He	re		JOSEPH T VANYO COO						
		_	ype or print name and titleDocuSigned by:						
		Print/	Type preparer's name Preparer's signature	Date 1/5/20) 2 I 1	2 Charge PM	if a P	ΓIN	
Pai		ALY	CIA SOLECKI Ulyua Soluki	1/3/20	23 I	self-employe	رىı d _□	01272637	
	parer	Firm's name GRANT THORNTON				Firm's EIN ▶ 36-6055558			
Use	Only		address 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103			ione no.		5-561-4200	
Ma	v the	_							
			Reduction Act Notice, see the separate instructions.		<u> </u>			Form 990 (2021)	
٠,	. 466							(2021)	

AUTISM SPEAKS, INC. 20-2329938

For	rm 990 (<u>2</u> 021)	Page 2
P	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	
	• • • • • • • • • • • • • • • • • • • •	es X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		es X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as r	massurad by
4	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.	no to others
12	(Code:) (Expenses \$ 11,648,928. including grants of \$ 4,438,161.) (Revenue \$	1
τa	WE INCREASE KNOWLEDGE THROUGH RESEARCH TO DEEPEN OUR UNDERSTANDING	
	OF AUTISM AND LEAD TO ADVANCEMENTS IN AUTISM DIAGNOSIS AND	
	PERSONALIZED HEALTHCARE. CONNECTED FAMILIES IN 50 STATES AND	
	37 COUNTRIES WITH RESOURCES AND ACCESS TO AUTISM EXPERTS.	
	LAUNCHED TWO RESEARCH STUDIES TO IMPROVE PRECISION AUTISM CARE	
	AND EARLY IDENTIFICATION. 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. RELEASED THE VERY FIRST COVID-19 AND AUTISM	
	HEALTH REPORT SUPPORTING SUCCESSFUL PUBLIC HEALTH EFFORTS FOR	
	GREATER FUNDING FOR COVID-19 RELIEF AND VACCINE EDUCATION.	
4b	(Code:) (Expenses \$ 8,191,322. including grants of \$ 209,524.) (Revenue \$)
	WE ARE STEADFAST IN OUR COMMITMENT TO IMPROVE LIFELONG OUTCOMES	
	AND INCREASE UNDERSTANDING AND ACCEPTANCE OF PEOPLE WITH AUTISM.	
	LAUNCHED E-CAREGIVERS SKILLS TRAINING ENABLING UNDERSERVED	
	FAMILIES TO BUILD THEIR AUTISTIC CHILD'S COMMUNICATION AND	
	BEHAVIOR SKILLS. SUCCESSFULLY ADVOCATED FOR STATE LICENCING LAWS	
	TO PROVIDE PEOPLE WITH AUTISM GREATER ACCESS TO MEDICALLY	
	NECESSARY INTERVENTIONS. ENGAGED 2.8 MILLION PEOPLE ON SOCIAL	
	MEDIA PLATFORMS WHERE WE PROVIDED RESOURCES AND A SUPPORTIVE	
	ENVIRONMENT FOR AUTISTIC PEOPLE TO SHARE THEIR STORIES. EDUCATED	
	OVER 2100 PEOPLE ON FEDERAL AND STATE POLICY CHANGES AND ACCESSING	
	RESOURCES.	
_	(O 1) (D) (D)	`
4c	(Code:) (Expenses \$14,186,235. including grants of \$749,488.) (Revenue \$)
	AIDED MORE THAN 1.6 MILLION PEOPLE. AUTISM RESPONSE TEAM	
	PROVIDED INDIVIDUALIZED SUPPORT TO OVER 87,000 PEOPLE.	
	PROVIDED 17 NEW TRANSLATED RESOURCES, DOWNLOADED 25,000 TIMES	
	BY SPANISH-SPEAKING COMMUNITY. LED REGULATORY CHARGE	
	FOR ACCESS TO ALL EVIDENCED BASED AUTISM THERAPIES FOR	
	MEDICAID ENROLLED CHILDREN. OUR WORKPLACE INCLUSION NOW (WIN)	
	INITIATIVE ENGAGED OVER 5000 AUTISTIC JOB SEEKERS AND	
	EMPLOYERS AT EVENTS. OVER 6000 JOBSEEKERS ACCESSED THE NEW	
	NAVIGATING DIFFERENCES IN THE WORKPLACE COURSE. FUNDED	
	\$1.6 MILLION IN GRANTS TO SUPPORT NEXT GEN AUTISM SCIENCE	
	LEADERS WORKING TO DEVELOP MODELS OF CARE.	
<u></u>	d Other program services (Describe on Schedule O.)	
4 0	(Expenses \$ including grants of \$) (Revenue \$	
40	Total program service expenses ► 34.026.485.	
₩	ρ rotal program solviou expenses ρ 34, UZO, 400.	

Form 990 (2021) Page **3**

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			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 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			
	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
-	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	···	- 21	
124	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		21
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 21	Х
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			- 25
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	- 21	
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			21
• •	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	· · ·	21	
	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?	10	Λ	
13	If "Yes," complete Schedule G, Part III	19		Х
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Λ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	aomosto government en rattira, column (ra), interir ir rec, complete collectule i, raito raite ii	1 - 1	_ ∠_	

Form 990 (2021) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the		21	
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
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		
d	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
D				
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21				
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
L		28b		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	200		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_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,"			
02		32		v
22	complete Schedule N, Part II	32		_X
33	, , , , , , , , , , , , , , , , , , , ,			
	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	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
		36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	2. 2. 2. 2. 2. 3. 3. 2. Separate at the same at any major with a series of the same at any major with a series of the same at any major with a series of the same at any major with a series of the same at any major with a series of the same at any major with a series of the same at a series of		Yes	No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on 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	Χ	

AUTISM SPEAKS, INC. 20-2329938

Form 990 (2021) Page 5 Part V Nο Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 181 Statements, filed for the calendar year ending with or within the year covered by this return. . L 2b Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ 7b Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Χ 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 a 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: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which 14a Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ If "Yes," see the instructions and file Form 4720, Schedule N. 16 Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

JSA

Form 990 (2021) AUTISM SPEAKS, INC. 20-2329938 Page **6**

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

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

Cast	ion A. Coverning Body and Management			Λ			
Sect	ion A. Governing Body and Management		Yes	No			
	1.1		res	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
h	Enter the number of voting members included on line 1a, above, who are independent 1b 27						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct						
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
		5		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X			
6	Did the organization have members or stockholders?			- 21			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х			
	one or more members of the governing body?	/ a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		37			
_	stockholders, or persons other than the governing body?	7.0		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:	0-	3.7				
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 be reached at						
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	`	X			
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	Yes	No			
		1.0		NO			
	Did the organization have local chapters, branches, or affiliates?	10a	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe on 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 and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
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 on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Secti	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	olicy.			
•	and financial statements available to the public during the tax year.		- 1	- ,			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls ▶					
-	JOSEPH T VANYO 1060 STATE ROAD PRINCETON, NJ 08540	•					

JOSEPH T VANYO 1060 STATE ROAD PRINCETON, NJ 08540
646-385-8597

Form **990** (2021)

Form 990 (2021) AUTISM SPEAKS, INC. 20-2329938 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	9						Reportable	Reportable	Estimated amount
	hours per week	box, unless person is both an officer and a director/trustee)						compensation from the	compensation from related	of other compensation
	(list any							organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	dual	ution	4	mpl	st o	er	1099-NEC)	1099-NEC)	related organizations
	below	trus	altr		руее	omp				
	dotted line)	tee	uste		-	ensa				
			Ф			ated				
(1) ANGELA GEIGER	40.00									
PRESIDENT/CEO (THRU 10/14/21)	NONE			Х				651,101.	NONE	31,833.
(2) LISA GERBASI	40.00									
STRATEGIC INITIATIVES & INNOVA	NONE			Х				281,655.	NONE	48,974.
(3) ANDY SHIH	40.00									
CHIEF SCIENCE OFFICER	NONE					X		269,184.	NONE	50,328.
(4) JOSEPH VANYO	40.00									
CHIEF OPERATING OFFICER	NONE			Х				293,326.	NONE	23,683.
(5) JENNIFER PODOLL	40.00									
SVP, CONSTITUENT ENGAGEMENT	NONE				X			221,412.	NONE	39,592.
(6) LYNN HAPPEL	40.00									
SVP, IT & DATA SUPPORT	NONE					X		219,978.	NONE	31,424.
(7) MELANIE AKINS	40.00									
VP, CORPORATE INITIATIVES	NONE					X		204,268.	NONE	45,820.
(8) STUART SPIELMAN	40.00									
SVP, ADVOCACY	NONE					X		234,160.	NONE	9,440.
(9) DONNA S. MURRAY	40.00									
VP, HEAD CLINICAL PROGRAMS	NONE					X		206,065.	NONE	21,942.
(10) KEITH WARGO	40.00									
PRESIDENT/CEO (BEGIN 10/15/21)	NONE			Х				108,672.	NONE	3,265.
(11) CURTIS ARLEDGE	1.00									
DIRECTOR	NONE	X		Х				NONE	NONE	NONE
(12) TOM BERNARD	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) SCOTT R. CARPENTER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) JENNIFER CASERTA	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE

Form **990** (2021)

AUTISM SPEAKS, INC.

20-2329938 Form 990 (2021) R ang

Part VII Section A. Officer	s, Directors, Trus	stees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (d	continued)	- 3 -
(A)		(B)			((C)			(D)	(E)		(F)	
Name and title		Average				sition			Reportable	Reporta		Estima	
		hours per week (list any	,				e than c is both		compensation from	compensation related		amoun othe	
		hours for	office	r and	dad		or/trust	ee)	the	organizat		compens	
		related	Indi or d	Inst	Officer	Key	High	Forme	organization	(W-2/1099-		from t	
		organizations below dotted	vidu	ituti	cer	em	nest	ner	(W-2/1099-MISC)			organiza and rela	
		line)	Individual trustee or director	Institutional trustee		Key employee	e com					organiza	
			uste	trus		e	1pen						
			Ф	tee			Highest compensated employee						
15) JOSEPH T. COYLE, I	M.D.	1.00											
DIRECTOR		NONE	Х						NONE		NONE		NONE
16) BARRY R. FEIRSTEI	<u> </u>	1.00											
DIRECTOR		NONE	Х						NONE		NONE		NONE
17) BRIAN L. HARPER		_10.00_											
CHAIR		NONE	Х		Х				NONE		NONE		NONE
18) MATTHEW HIGGINS		1.00											
DIRECTOR		NONE	X						NONE		NONE		NONE
19) ADRIAN M. JONES		1.00											
DIRECTOR		NONE	Х		Х				NONE		NONE		NONE
20) TIM JONES		1.00											
DIRECTOR		NONE	Х						NONE		NONE		NONE
21) AIDAN KEHOE		1.00											
DIRECTOR		NONE	Х						NONE		NONE		NONE
22) BILLY MANN		1.00											
DIRECTOR (THRU 10/31/2	21)	NONE	X						NONE		NONE		NONE
23) KEVIN J. MURRAY		1.00											
DIRECTOR		NONE	Х						NONE		NONE		NONE
24) JACQUELYN NANCE		1.00											
DIRECTOR		NONE	X						NONE		NONE		NONE
25) HERBERT PARDES, M	.D.	1.00											
DIRECTOR		NONE	X						NONE		NONE		NONE
1b Sub-total									2,689,821.		NONE	306	5,301.
c Total from continuation sh		·=·						>	NONE		NONE		NONE
d Total (add lines 1b and 1c)						<u></u>		<u> </u>	2,689,821.	•	NONE	306	5,301.
2 Total number of individuals reportable compensation from	, •		hose I	liste	d al		•	o re	eceived more than	\$100,000 d)†		
	ill the organization						66					Ye	s No
3 Did the organization list	ony former office	r directo		40.	ıoto	•	ادمار د	. m n	alougo or bighoo	t compone	otod		3 140
3 Did the organization list employee on line 1a? If "Yes												3	
	•												
4 For any individual listed or organization and related	n line 1a, is the si organizations grea	um of rep ater than	ortab \$15	le c 50,0	om 00?	per <i>If</i>	isatioi <i>"Ye</i> s	n aı s,"	nd other compens complete Schedu	sation from le J for s	the such		
individual												4	
5 Did any person listed on li													
for services rendered to the		s," comple	te Sch	nedu	ıle J	l for	such	per	rson			5	
Section B. Independent Contra													
 Complete this table for you compensation from the organization. 													
	(A)								(B)			(C)	

(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 ▶

AUTISM SPEAKS, INC. 20-2329938

Form 990 (2021)												F	Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average				ition			Reportable	Reportab	ole	Es	timated	
	hours per	,				e than o		compensation	compensation			ount of	f
	week (list any hours for	1				is both or/truste		from	related			other pensati	on
	related							the organization	organization (W-2/1099-N			om the	OH
	organizations	divi	stit	Officer	y e	ghe 1plo	Former	(W-2/1099-MISC)	(** 2/1033 1	vcc)	org	anizatio	n
	below dotted	dual	lion	_	nplc	st co	Ä					d related	
	line)	Individual trustee or director	Institutional trustee		Key employee) mp					orga	anizatior	18
		tee	uste			ens							
			ď			Highest compensated employee							
26) JAMIE T. RICHARDSON	1.00												
DIRECTOR	NONE	X		Х				NONE		NONE			NONE
27) CHUCK SAFTLER	1.00	21		21				INOINE		IVOIVE		•	IVOIVI
DIRECTOR	NONE	X						NONE		NONE			NONE
28) STUART SAVITZ	1.00	Α.						NOINE		NONE			INOINE
	+	x						NONE		NIONIE			NTONTE
DIRECTOR	NONE	A						NONE		NONE			NONE
29) DAN SCHULMAN	1.00	٠,,						NONE		NONTE			
DIRECTOR	NONE	X						NONE		NONE			NONE
30) STEPHEN SHORE, ED.D.	1.00	٠,,						NONE		NONTE			
DIRECTOR	NONE	X						NONE		NONE			NONE
31) STEVEN P. STANBROOK	1.00	٠,,						NONE		NIONIE			
DIRECTOR	NONE	X						NONE		NONE			NONE
32) CHERYL VITALI	1.00							17017					
DIRECTOR	NONE	X						NONE		NONE			NONE
33) LISA YANG	1.00												
DIRECTOR	NONE	X						NONE		NONE			NONE
34) ADAM FRAZIER	1.00	-											
DIRECTOR	NONE	X						NONE		NONE			NONE
35) DARREN GOODE	1.00												
DIRECTOR	NONE	X						NONE		NONE			NONE
36) WILLIAM O'CONNOR	1.00												
DIRECTOR (BEGIN 4/29/21)	NONE	X						NONE		NONE			NONE
1b Sub-total													
c Total from continuation sheets to Part VII, S	-												
d Total (add lines 1b and 1c)							<u> </u>	<u> </u>	•				
2 Total number of individuals (including but not		hose	liste	d at	bove	e) who	re	eceived more than	\$100,000 o	f			
reportable compensation from the organization	n ▶											I I	
												Yes	No
3 Did the organization list any former office											_		
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ıal						• •	3		
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole c	om	per	satior	n ar	nd other compens	sation from	the			
organization and related organizations gro													
individual											4		
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Y	es," comple	te Sci	hedu	le J	l for	such	per	son			5		
Section B. Independent Contractors													
1 Complete this table for your five highest com													
compensation from the organization. Report of	compensati	on fo	r the	ca	lend	dar yea	ar e	ending with or with	nin the orgar	nizatio	n's tax		
year.							_		Т				
(A)								(B)			(C)		
Name and business add	dress							Description of se	ervices	C	ompens	sation	
							1						

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

AUTISM SPEAKS, INC. 20-2329938

	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) SUBRIANA PIERCE	1.00									
DI	RECTOR (BEGIN 4/29/21)	NONE	X						NONE	NONE	NON
_38) JENNIFER SEIDEL	1.00									
DI:	RECTOR (BEGIN 7/29/21)	NONE	X						NONE	NONE	NON
			1								
С	Sub-total Total from continuation sheets to Part VII, So	ection A						>			
	Total (add lines 1b and 1c)	limited to t						o re	ceived more than	\$100,000 of	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo									Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	50,0	00?	! It	"Yes	s,"	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes										5 X
	ction B. Independent Contractors										
1	Complete this table for your five highest com compensation from the organization. Report c year.										

(A) Name and business address	(B) Description of services	(C) Compensation
CRAFT & COMMERCE LLP	CREATIVE/ADVERTISING	4,227,119.
THOMPSON, HABIB & DENNISON INC	DIRECT MAIL SVCS	393,903.
FACEBOOK, INC	ADVERTISING	410,562.
THE ADVERTISING COUNCIL INC.	ADVERTISING	698,200.
NAMES IN THE NEWS	ADVERTISING	305,095.
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ▶	e listed above) who received	

JSA 1E1055 2.000

20-2329938

Page 9

Form 990 (2021)

Par	't VIII	Statement of Revenue Check if Schedule O contains a response	onse or note to an	v line in this Part \	/III		
		Chicak ii Conodulo C Containo a respe		(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	90,438.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
۾ ۾ م	С	Fundraising events 1c	3,114,225.				
ifts ar A	d	Related organizations					
ڇُرِڥ	е	Government grants (contributions) 1e	4,129,017.				
Sir	f	All other contributions, gifts, grants,					
e Ë		and similar amounts not included above . 1f	39,328,663.				
들본	g	Noncash contributions included in					
d i		lines 1a-1f 1g	\$ 747,706.				
နှင့်	h	Total. Add lines 1a-1f		46,662,343.			
			Business Code				
ဗ္ဗ	2a						
Program Service Revenue	b						
S Z	c						
eve	d						
P.S.	٩						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
		other similar amounts)	· · · · · · · · · · · · · · · · · · ·	5,064.			5,064.
	4	Income from investment of tax-exempt bon		NONE			
	5	Royalties		62,299.			62,299.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	IE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 894					
ō	b	Less: cost or other basis					
evenue		and sales expenses 7b					
eve	c	Gain or (loss) 7c 894					
2	d	Net gain or (loss)		894.			894.
Other R	8a	Gross income from fundraising					
ō	"	events (not including \$3,114,226.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	1,421,149.				
	b	Less: direct expenses 8b	1,421,149.				
	c	Net income or (loss) from fundraising events	s ▶				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
တ္			Business Code				
e e	11a	RECOVERY OF PRIOR YEAR GRANTS	900099	24,553.		NONE	24,553.
ane	b	OTHER PROGRAM REVENUE	900099	16,500.		NONE	16,500.
e K	c						
Miscellaneous Revenue	d	All other revenue				NONE	
≥	е	Total. Add lines 11a-11d		41,053.			
_	12	Total revenue See instructions		46 771 653		NONE	109 310

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 resp				
D -			(B)		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,789,191.	3,789,191.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	789,938.	789,938.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	818,044.	818,044.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,584,394.	1,084,065.	333,340.	166,989.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	13,924,784.	9,794,507.	1,504,659.	2,625,618.
8	Pension plan accruals and contributions (include	489,730.	342,127.	54,658.	92,945.
	section 401(k) and 403(b) employer contributions)	1 754 050	1 040 700	104 540	201 500
9	Other employee benefits	1,754,859.	1,248,728.	184,542.	321,589.
10	Payroll taxes	1,144,250.	801,301.	141,559.	201,390.
	Fees for services (nonemployees):	NONE			
	Management	142,881.	108,535.	34,346.	
	Legal	193,801.	135,660.	58,141.	
	Accounting	578,678.	578,678.	30,111.	
	Professional fundraising services. See Part IV, line 17	438,736.	3707070.		438,736.
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	-			
3	(A), amount, list line 11g expenses on Schedule O.)	2,219,423.	1,811,760.	68,219.	339,444.
12	Advertising and promotion	5,380,773.	5,304,534.	-472.	76,711.
13	Office expenses	3,025,442.	1,673,256.	94,698.	1,257,488.
14	Information technology	1,544,954.	1,120,839.	138,407.	285,708.
15	Royalties	NONE			
16	Occupancy	874,801.	654,755.	61,334.	158,712.
17	Travel	454,955.	366,573.	5,538.	82,844.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	1,439,490.	1,147,011.	2,368.	290,111.
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	256,830.	208,886.	18,709.	29,235.
23	Insurance	274,952.	191,573.	57,973.	25,406.
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.)				
_	EVENT EXPENSES	1,867,524.	1,494,019.		373,505.
	DONATION PROCESSING	484,165.	125,863.	325,410.	32,892.
	COST OF BIOMATERIALS	113,119.	113,119.	323,110.	32,002.
	DIRECT MAIL	357,876.	178,938.		178,938.
	All other expenses	179,052.	144,585.	14,477.	19,990.
	Total functional expenses. Add lines 1 through 24e	44,122,642.	34,026,485.	3,097,906.	6,998,251.
	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				
	following SOP 98-2 (ASC 958-720)	14,489,195.	8,543,262.	1,080,750.	4,865,183.

AUTISM SPEAKS, INC.

20-2329938 Form 990 (2021) Page **11**

Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,973,522.	1	10,389,162.
	2	Savings and temporary cash investments	6,116,091.	2	5,927,480.
	3	Pledges and grants receivable, net	3,698,518.	3	3,550,666.
	4	Accounts receivable, net	3,974,074.	4	4,323,693.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ą	9	Prepaid expenses and deferred charges	556,433.	9	470,710.
	_	Land, buildings, and equipment: cost or other	,		
		basis. Complete Part VI of Schedule D 10a 3,700,194.			
	b	Less: accumulated depreciation	720,588.	10c	726,684.
	11	Investments - publicly traded securities SEE SCHEDULE .Q	21,950,201.	11	21,952,383.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	217,652.	15	493,630.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	48,207,079.	16	47,834,408.
	17	Accounts payable and accrued expenses	4,644,863.	17	2,882,095.
	18	Grants payable	1,237,090.	18	286,669.
	19	Deferred revenue	109,613.	19	103,576.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
G	22	Loans and other payables to any current or former officer, director,	NONE	Z 1	IVOIVE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	27	110111
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	510,546.	25	208,090.
	26	Total liabilities. Add lines 17 through 25	6,502,112.	26	3,480,430.
	20	Organizations that follow FASB ASC 958, check here ► X	0,302,112.	20	3,100,130.
Fund Balances		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	29,613,313.	27	29,257,024.
Ba	28	Net assets with donor restrictions.	12,091,654.	28	15,096,954.
р		Organizations that do not follow FASB ASC 958, check here ▶	12,001,001.	20	13,000,001.
亞		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	41,704,967.	32	44,353,978.
Ž	33	Total liabilities and net assets/fund balances	48,207,079.	33	47,834,408.
			10,201,019.	55	Form 990 (2021)

AUTISM SPEAKS, INC. Form 990 (2021)

Form 99	90 (2021)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	6,7	71,	<u>653</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	4,1	22,	<u>642</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2,6	49,	011.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	1,7	04,	<u>967</u> .
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
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	4,3	53,	<u>978</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	on			
	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 com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed on	а			
	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	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain c	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in tl	he			3.7
_	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			۵.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	iaits .		3b		l

JSA

SCHEDULE A (Form 990)

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.

► Attach to Form 990 or Form 990-E2.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

AU:	CIS	M SPEAKS, INC.						329938
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	3.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative					(1)(A)(iii).	
4		A medical research organiz	-	=				(iii). Enter the
-	ш	hospital's name, city, and si	=		-			(,. =
5		An organization operated		a college or universit	v owned	d or one	rated by a governme	ental unit described in
·		section 170(b)(1)(A)(iv). (C		a conego or arnveren	., 0111101	и от оро	rated by a governme	mar ame accombca m
6		A federal, state, or local go		rnmental unit describe	d in sact	ion 170/	h)/1)/Δ)/γ)	
7	X	An organization that normal	J			•	,,,,,,,	om the general nublic
•		-	=	· ·	ιρροιτ ιιν	Jili a go	verninental unit of its	on the general public
		described in section 170(b) A community trust describe			Dort II \			
8							Lin noniumation with a	land grant called
9		An agricultural research or	=			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	r the college or
		university:				,		. ,
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization of the organi	ted to its exempt finent income and union after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its
11		An organization organized	•	•	•		` ' ' '	
12		An organization organized a		-	-			
		one or more publicly suppo	•				. , . ,	
		the box on lines 12a throug					•	=
а			•	•	-		• , , ,	
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		$_$ supporting organization. $`$	•					
b		$oxedsymbol{oxed}$ Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	s that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oldsymbol{ol}}}}}}}}}} $	grated. A supporti	ng organization opera	ated in co	onnectio	n with, and functional	lly integrated with,
		_ its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		☐ Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The orgar	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	•
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	1	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					100			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ul							

AUTISM SPEAKS, INC.

Schedule A (Form 990) 2021 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.)

500	tion A. Public Support	o to quality at	ider the tests i	Stea Below, p	loado dompio		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale	indar year (or riscar year beginning in)	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(6) 2021	(i) i otai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,731,829.	9,489,221.	53,131,832.	41,719,693.	46,662,343.	210,734,918.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	59,731,829.	9,489,221.	53,131,832.	41,719,693.	46,662,343.	210,734,918.
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)						11,225,280.
6	Public support. Subtract line 5 from line 4						199,509,638.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	59,731,829.	9,489,221.	53,131,832.	41,719,693.	46,662,343.	210,734,918.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	135,295.	156,606.	456,059.	85,965.	67,364.	901,289.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,064,277.	42,270.	1,573,626.	888,433.	1,462,202.	6,030,808.
11	Total support. Add lines 7 through 10						217,667,015.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (lin		-			14	91.66 %
15	Public support percentage from 2020	•	•		· ·	15	92.41 %
16a	331/3% support test - 2021. If the org	•		•		•	
_	box and stop here. The organization qu			-			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets			=	=	-	upported
	organization						
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organization most					•	•
	in Part VI how the organization meets			=	· ·		
10	organization. Private foundation. If the organization						
18							
	instructions						· · · · · ·

20-2329938

AUTISM SPEAKS, INC. 20-2329938

Schedule A (Form 990) 2021 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					,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees			, ,	, ,	,	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	,						
ıd	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
Ü	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Amounts from line 6	(-,	()	(5) = 5 + 5	(0, 2020	(0, 202)	(1)
9 10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	,						
	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						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	41		- 41-1	6:641- 4		F04(-)(0)
14	First 5 years. If the Form 990 is for	-					
500	organization, check this box and stop here. tion C. Computation of Public Supp						
	Public support percentage for 2021 (line 8,			mn (f))		15	0/
15 16	Public support percentage from 2020 Schee						<u>%</u>
16						16	70
_	tion D. Computation of Investment			12 column (f))		17	0/
17 40	Investment income percentage for 2021 (lin		•			17	%
18 40 -	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the org						
_	17 is not more than 331/3%, check this	-	-	•		• •	
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		top here. The or	ganızatıon qualifi	es as a publicly	supported orga and see inst	nization -

JSA 1E1221 1.000 AUTISM SPEAKS, INC.

Schedule A (Form 990) 2021 Page 4

Part IV **Supporting Organizations**

(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.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governin documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- 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 Part VI, including (i) the names and El. 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 actio was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons, as defined in section 4946 (other than foundation managers and organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
ig Dy	1		
ıs ed	-		
	2		
er	3a		
nd ne			
3)	3b		
	3с		
If	4a		
ın on			
'n	4b		
n ed 3)			
	4c		
s," 'N n; on			
	5a		
ly	5b		
	5с		
o d or			
or ty	6		
	7		
е	8		
e ns			
	9a		
h	9b		
fit	9c		
n			
d	10a		
to	10b		
dul	e A (Fo	rm 990) 2021

AUTISM SPEAKS, INC.

Schedule A (Form 990) 2021 Page **5**

				- 3
Part I	Supporting Organizations (continued)		V	NI.
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NO
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
·	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sactio	on C. Type II Supporting Organizations	2		
occiic	71 C. Type ii oupporting Organizations		Yes	Nο
4	Ware a majority of the argenization's directors or trustoes during the tay year also a majority of the directors		103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described on 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	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).
•	Astinities Test. Amount lines On and Oh halour		Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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 on 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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	20		
h		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.	3h		

AUTISM SPEAKS, INC. 20-2329938

Schedule A (Form 990) 2021 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 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) 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. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2021

(see instructions).

20-2329938

Page 7

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

Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	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	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 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) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions				

Schedule A (Form 990) 2021

6

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

and 4c.

Schedule A (Form 990 or 990-EZ) 2021 Page 8

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 2022 IS REFLECTED IN THE 2021 COLUMN. 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. FISCAL YEAR 2018 IS REPORTED IN COLUMN A. OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING AND GAMING AS APPROPRIATE, ALONG WITH PROGRAM REVENUE.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization		Employer identification number				
AUTISM SPEAKS, INC.		20-2329938				
Organization type (check one):		20-2329930				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private found	ation				
	501(c)(3) taxable private foundation					
•	vered by the General Rule or a Special Rule.					
Note: Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See				
General Rule						
_	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributor. Complete Parts I and II. See instructitributions.	_				
Special Rules						
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99d from any one contributor, during the year, total contributions of the greon (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete P	0), Part II, line 13, 16a, or eater of (1) \$5,000; or				
contributor, during the literary, or educationa	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that e year, total contributions of more than \$1,000 exclusively for religious, or purposes, or for the prevention of cruelty to children or animals. Complete of the contributor name and address), II, and III.	charitable, scientific,				
contributor, during the contributions totaled n during the year for an General Rule applies t	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that is	o't covered by the General Pule and/or the Special Pules decent file Sc	hodulo B (Form 990), but it				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

AUTISM SPEAKS, INC.

Employer identification number
20-2329938

Parti	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	seaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	TJX COMPANIES, INC. PO BOX 9133 FRAMINGHAM, MA 01701-9133	\$\$	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	DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220	\$\$ 4,129,017.	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	QUADRANT 505 IRVING AVENUE, SUITE 3100AB SYRACUSE, NY 13610	\$\$	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	THE INTRICATE KNOT FOUNDATION 86 WASHINGTON ST. NEWTON, MA 02458	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 3 Name of organization **Employer identification number** AUTISM SPEAKS, INC. 20-2329938

(d) ate received
(d)
(d)
(d)
(d) ate received
_

Schedule B (Form 990) (2021) Page **4**

20-2329938 section 501(c)(7), (8), or e columns (a) through (e) and sively religious, charitable, etc., actions.) ►\$ secription of how gift is held ansferor to transferee
e columns (a) through (e) and sively religious, charitable, etc., actions.) \$\infty\$ successful secretarian secr
ansferor to transferee
ansferor to transferee
escription of how gift is held
ansferor to transferee
escription of how gift is held
ansferor to transferee
escription of how gift is held
ansferor to transferee
a

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► 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 under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	(See separate instructions), the		Tax) (See separate i	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) org e of organization	anizations: Complete Part III.		Employer ide	ntification number
	· ·			' '	
	TISM SPEAKS, INC. TILA Complete if the complete if the complete.	organization is exempt under	section 501(c) or		329938 nization
1	-	he organization's direct and ind			
•	definition of "political campa	<u> </u>	ireet political carri	Jaigir activities in rait	iv. occ matractions for
2		xpenditures. See instructions		▶ \$	
3		campaign activities. See instruction			
	t I-B Complete if the o	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	55▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	nanagers under sect	tion 4955 ► \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par		organization is exempt under			3).
1		expended by the filing organization			
2		ng organization's funds contributed			
_		es			
3		enditures. Add lines 1 and 2. En		•	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numl	per (EIN) of all secti	on 527 political organiz	ations to which the filing
		ts. For each organization listed, en tributions received that were pror			
		nd or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
 (1)					
(2)					
(0)					
(3)			_		
(4)					
(5)					
(6)					1

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

Schedule C (Form 990) 2021

	coction 501/h)	Α.	
Part II-A	Complete if th	e organizatio	n is exen
Schedule C (F	orm 990) 2021	AUTISM	SPEAKS,

Sche	edule C (Form 990) 2021	AUTISM	SPEAKS,	INC.		20	-2329938 Page 2
Pa	complete if the org section 501(h)).	anizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	oly.	
	Limits	on Lobb	ying Expend	ditures		(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to in	nfluence	public opini	on (grassroots lobb	ying)		
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobbyi	ng)		
С	Total lobbying expenditures (ad	d lines 1	a and 1b) .				
	Other exempt purpose expendit						
	Total exempt purpose expenditu	-		·			
f	Lobbying nontaxable amount.	Enter th	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a	or (b) is:	The lobbying	g 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		us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	, , 05	\$1,000,000				
_	Grassroots nontaxable amount	-					
	Subtract line 1g from line 1a. If						
	Subtract line 1f from line 1c. If z					tion file Form 4720	
J	If there is an amount other th				•		Yes No
	reporting section 4911 tax for the			aging Period Unde		 	res No
	(Some organizations that					ete all of the five colum	ins helow
	(Joine organizations tha			te instructions for I			iiio sciow.
		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
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						

Schedule C (Form 990) 2021

	dule C (Form 990) 2021 AUTISM SPEAKS, INC.				32993	8	Page 🤅
Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	d For	m 570	68		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)		
	cription 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:	37					
a	Volunteers?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X					
c d	Media advertisements?	- 21	Х				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			4	177,	447
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?	Χ			1	L01,	231
j	Total. Add lines 1c through 1i				Ę	578,	678
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						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	'-\/F\		4!-			
Га	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	(၁)(၁)	, or s	ectio	n		
						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 from						
Pai	t III-B 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."	אל (ג	o) Pai	t III-A	, line s	5, IS	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo		_	4			
5	and political expenditure next year? Taxable amount of lobbying and political expenditures. See instructions.			5			
	t IV Supplemental Information			<u> </u>			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	d grou	up list); Part	II-A. lir	nes 1	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	. 9		,,	,		
SEE	PAGE 4						

Part IV Supplemental Information (continued)

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING THE PERIOD BEGINNING APRIL 1, 2021, AND ENDING MARCH 31, 2022,

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, SAFE COMMUNITIES, FINANCIAL EMPOWERMENT, AND

CAREGIVER SKILLS TRAINING, AND CONTINUED OUR LONG-STANDING EFFORT TO

INCREASE APPROPRIATIONS FOR AUTISM RESEARCH AND SERVICES. IN THE STATES,

WE ADVOCATED FOR IMPROVED ACCESS TO HOME AND COMMUNITY-BASED SERVICES,

LOWERING THE AGE AT WHICH TRANSITION SERVICES BEGIN, ADDRESSING

CHALLENGING BEHAVIORS, AND ENHANCING ACCESS TO AUTISM INTERVENTIONS

THROUGH PRIVATE AND PUBLIC INSURANCE COVERAGE.

AUTISM SPEAKS PURSUED ITS ADVOCACY OBJECTIVES THROUGH GRASSROOTS

VOLUNTEERS, PAID STAFF, CONTACT WITH LEGISLATORS AND THEIR STAFF AND

EXECUTIVE AGENCY PERSONNEL, AND VIRTUAL AND IN-PERSON 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

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AU'	TISM SPEAKS, INC.		20-2329938
Pa	rt I Organizations Maintaining Donor Advised Funds or C		Accounts.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 6.	
	(a) Dono	or 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 writi	ng that the assets held	in donor advised
	funds are the organization's property, subject to the organization's ex	xclusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor advisor		
	only for charitable purposes and not for the benefit of the donor of		
	conferring impermissible private benefit?	<u> </u>	Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on Form		
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (for example, recreation or education		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified historic structure	` '	2c
d	Number of conservation easements included in (c) acquired after		0.4
•	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	a, extinguished, or termin	nated by the organization during the
4	tax year ▶ Number of states where property subject to conservation easement	is located >	
4 5	Does the organization have a written policy regarding the period		on handling of
,	violations, and enforcement of the conservation easements it holds?		-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
•	b	violations, and emoreing	conservation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations and enforcing co	onservation easements during the year
•	S	tolations, and ornorolling oc	shoot valion basements adming the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation eas	ements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements.	_	
Pa	rt III Organizations Maintaining Collections of Art, Historic		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, no	ot to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its financial sta	c exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to		
IJ	art, historical treasures, or other similar assets held for public exhi	ibition, education, or rese	earch in furtherance of public service.
	provide the following amounts relating to these items:	,	, , , , , , , , , , , , , , , , , , ,
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat		
	following amounts required to be reported under FASB ASC 958 rel	ating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

Sche	dule D (Form 990) 2021 AUT	ISM SPE	AKS, I	NC.						20-2	329938	Page 2
Pa	rt III Organizations Maintaini				rical Tre	asures	, or	Other	Similar <i>A</i>	ssets (c	ontinue	d)
3	Using the organization's acquisitio	n, access	ion, and	other recor	ds, check	any of	f the	follow	ing that n	nake sign	ificant us	se of its
	collection items (check all that appl	y):			_							
а	Public exhibition			d		or excha						
b	Scholarly research			е	Other							
С	Preservation for future gener	ations										
4	Provide a description of the organ	nization's c	collections	s and expla	ain how t	hey fur	ther	the org	ganization'	s exempt	purpose	in Part
	XIII.											
5	During the year, did the organizatio	n solicit or	receive	donations o	f art, histo	orical tre	easu	res, or o	other simil	ar _		
	assets to be sold to raise funds rath	er than to	be maint	ained as pa	rt of the o	organiza	ation'	s collec	tion?		Yes	No
Pa	rt IV Escrow and Custodial A											
	Complete if the organiza	tion answ	ered "Ye	es" on For	m 990, P	art IV,	line	9, or re	eported a	n amoun	it on For	m
	990, Part X, line 21.											
1 a	Is the organization an agent, trust	tee, custo	dian or o	ther interm	nediary fo	r contr	ibuti	ons or	other ass	ets not		
	included on Form 990, Part X?									[Yes	No.
b	If "Yes," explain the arrangement in	n Part XIII	and com	plete the fol	lowing tab	le:						
										Amount		
С	Beginning balance					[1c					
d	Additions during the year						1d					
е	Distributions during the year					[1e					
f	Ending balance					[1f					
2a	Did the organization include an ame	ount on Fo	orm 990,	Part X, line	21, for e	scrow c	or cu	stodial	account lia	bility?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII.	Check h	ere if the ex	xplanation	has bee	en pr	ovided o	on Part XII	I .		
Pa	rt V Endowment Funds.											
	Complete if the organiza	tion answ	ered "Ye	es" on For	m 990, P	Part IV,	line	10.				
		(a) Curre	ent year	(b) Prio	r year	(c) Two	year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the curr	ent vear	end balance	e (line 1a	column	(a))	held as:				
- a	Board designated or quasi-endowm		on your	%	o (o .g,	COIGITIT	(ω))	noia ao.				
b	Permanent endowment >	%		_								
С	Term endowment ▶											
	The percentages on lines 2a, 2b, a	nd 2c sho	uld equal	100%.								
3a	Are there endowment funds not in t	the posses	ssion of tl	he organiza	tion that	are held	d and	d admin	istered for	the		
	organization by:										Y	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organiza	ations liste	ed as require	ed on Sch	edule R	?				3b	
4	Describe in Part XIII the intended u	ses of the	organiza	ation's endo	wment fun	nds.						•
Pa	rt VI Land, Buildings, and Equ	ipment.							_			
	Complete if the organiza	ation ansv										
	резсприон огргорену			r other basis stment)	(b) Cost o	or other ba ther)	ISIS		umulated eciation	(d)) Book valu	е
1a	Land		•					·				
b	Buildings											
С	Leasehold improvements			NONE	5	62,33	0.	5!	56,913.		5	5,417.
d	Equipment			NONE		95,61			56,941.			674.
	Other			NONE		42,24			19,656.			2,593.
	I. Add lines 1a through 1e. (Column		egual Fori						,,,,,,,			684.

Schedule D (Form 990) 2021

Schedule D (F	Form 990) 2021 AUTISM	SPEAKS,	INC.	20	1-2329938 Page
Part VII	Investments - Other Securities				
	· · · · · · · · · · · · · · · · · · ·	answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financia	al derivatives				
(2) Closely	held equity interests				
(3) Other _					
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) lin	ne 12)			
Part VIII	Investments - Program Relat				
	Complete if the organization			, Part IV, line 11c. See Form 990,	
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	n (b) must equal Form 990, Part X, col. (B) lin	no 13)			
Part IX	Other Assets.	0 10.)			
raitix		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)					
(7) (8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part	X. col. (B) I	ine 15.).		
Part X	Other Liabilities.	, ()	/		
		answered	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.		(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes				
	RED RENT				208,090
	COMPANY PAYABLE				NON
(4)					
(5)					
(6)					
(7)					
(8)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 208,090. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . | X JSA 1E1270 1.000

Schedule D (Form 990) 2021 AUTISM SPEAKS, INC 20-2329938 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2c d Other (Describe in Part XIII.) 2e Add lines 2a through 2d 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a Donated services and use of facilities 2b 2c d Other (Describe in Part XIII.) 2e 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART X, LINE 2

AS FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES
RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. GUIDANCE
PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE
RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS
"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE
CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS
BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO
THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

AS IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH
IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS
THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AS HAS PROCESSES
PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO
IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX
OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND
EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE
CANADIAN ENTITY, EXEMPT FROM CANADIAN INCOME TAXES, IS ORGANIZED WITHOUT
SHARE UNDER THE CANADIAN CORPORATIONS ACT. AS HAS DETERMINED THAT THERE
ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR
DISCLOSURE IN THE FINANCIAL STATEMENTS.

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

2021

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

AUT	ISM SPEAKS, INC.				20-232993	38
Par	General Information o Form 990, Part IV, line 14l		Outside the	United States. Comple	ete if the organization a	inswered "Yes" on
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	X Yes No
2	For grantmakers. Describe in I outside the United States. Activities per Region. (The follow	_		-	-	d other assistance
	(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	NONE	NONE	GRANTMAKING		398,855.
(2)	EUROPE	NONE	NONE	GRANTMAKING		376,914.
(3)	SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		36,279.
(4)	SOUTH ASIA	NONE	NONE	GRANTMAKING		5,996.
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Continuation	NONE	NONE			818,044.
С	sheets to Part I Totals (add lines 3a and 3b)	NONE	NONE			818,044.

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 Page **2**

Part II	Grants and Other Assist							ed "Yes" on	Form 990,
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. F	Part II can be	duplicated if additi	ional space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	SCIENCE & RE	186,947.	CHECK			
(2)			NORTH AMERICA	SCIENCE & RE	86,867.	CHECK			
(3)			NORTH AMERICA	SCIENCE & RE	125,041.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	SCIENCE & RE	250,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	SCIENCE & RE	58,359.	CHECK			
(6)			EUROPE/ICELAND/GREENLAND	SCIENCE & RE	68,555.	CHECK			
(7)			SOUTH ASIA	SCIENCE & RE	5,996.	CHECK			
(8)			SUB-SAHARAN AFRICA	SCIENCE & RE	25,509.	CHECK			
(9)			SUB-SAHARAN AFRICA	SCIENCE & RE	10,770.	CHECK			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient or mpt 501(c)(3) organization by the er total number of other organiz	ne IRS, or for which t	the grantee or counsel has	provided a sec	tion 501(c)(3) equiv	valency letter	▶		9

Schedule F (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 Page **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2021 AUTISM SPEAKS, INC. Page **2**0 – 232

Part	V 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)	Y	es 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)	Y	es X	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)	Y	es X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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)	Y	es 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)	Y	es X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Y	es X	No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 AUTISM SPEAKS, INC

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

FOR SERVICES AND SUPPORTS GRANTS:

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

Page 5

20-2329938

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number AUTISM SPEAKS, Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations X Solicitation of non-government grants а Χ Internet and email solicitations f X Solicitation of government grants Х X Special fundraising events Phone solicitations C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes SEE SUPPLEMENT INFORMATION No 2 3 6 8 9 10 Total 2,801,374. 438,736 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Sche	edul	e G (Form 990) 2021 AUTISM	SPEAKS, INC.		2	0-2329938 Page 2
Pa	rt I	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000	ent contributions and o			
			(a) Event #1 CHEF GALA (event type)	(b) Event #2 GOLF EVENT (event type)	(c) Other events 50 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,214,078.	413,571.	2,907,726.	4,535,375.
œ	2	Less: Contributions Gross income (line 1 minus	649,945.		2,262,872.	3,114,226.
_		line 2)	564,133.	212,162.	644,854.	1,421,149.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	550,107.	208,700.	440,673.	1,199,480.
Direct Expenses	7	Food and beverages	8,334.	9.	85,057.	93,400.
Direct	8	Entertainment			18,249.	18,249.
	9	Other direct expenses	5,692.	3,454.	100,874.	110,020.
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu ne 10 from line 3, colu	ımn (d)		1,421,149.
Pa			anization answered "			reported more than
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				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Ц	5	Other direct expenses				

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9	Enter the state(s) in which the organization conducts gaming activities:
a b	
10a b	

Yes

Yes

Yes

No

7 Direct expense summary. Add lines 2 through 5 in column (d) . . .

Schedule G (Form 990) 2021

6 Volunteer labor

Sched	dule G (Form 990 or 990-EZ) 2021 AUTISM SPEAKS, INC.	20-2	2329938	Page 3				
11	Does the organization conduct gaming activities with nonmembers?		Yes	No				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti-	ity						
	formed to administer charitable gaming?		Yes	No				
13	Indicate the percentage of gaming activity conducted in:							
а	The organization's facility			<u></u> %				
b	An outside facility			<u>%</u>				
14	Enter the name and address of the person who prepares the organization's gaming/special events bool records:	ks and						
	Name ▶							
	Address ►							
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming						
	revenue?	-	Yes	No				
b		and the						
	amount of gaming revenue retained by the third party ▶ \$							
С	If "Yes," enter name and address of the third party:							
	Name N							
	Name ▶							
	Address ►							
16	Gaming manager information:							
	Name &							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided ►							
	'							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to	0					
	retain the state gaming license?			No				
b								
_	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 Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).							

Schedule G (Form 990 or 990-EZ) 2021

AUTISM SPEAKS, INC. 20-2329938

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

THOMPSON, HABIB & DENISON

ADDRESS:

55 OLD BEDFORD ROAD SUITE 201 LINCOLN, MA 01773

ACTIVITY :

DIRECT MAIL CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: 2,801,374.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 438,736.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 2,362,638.

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

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

AUTISM SPEAKS, INC.						20-2329938	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?					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
1584 TULLIE CIRCLE ATLANTA, GA 30329	26-2809380	501(C)3	77,540.				SCIENCE & RESEARCH
(2) CHILDRENS HOSPITAL LOS ANGELES							
4650 SUNSET BLVD. LOS ANGELES, CA 90027	95-1690977	501(C)3	68,547.				SCIENCE & RESEARCH
(3) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT							
3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)3	170,617.				SCIENCE & RESEARCH
(4) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT							
120 THEORY STE 200 IRVINE, CA 92617	95-2226406	501(C)3	179,491.				SCIENCE & RESEARCH;
(5) THE CHILDREN'S HOSPITAL OF PHILADELPHIA							
3401 CIVIC CENTER BLVD.	23-1352166	501(C)3	96,992.				SCIENCE & RESEARCH
(6) THE CURATORS OF THE UNIVERSITY OF MISSOURI-							
118 UNIVERSITY HALL COLUMBIA, MO 65211	43-6003859	GOV	137,729.				SCIENCE & RESEARCH
(7) RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S							
700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-6056230	501(C)3	134,433.				SCIENCE & RESEARCH
(8) UNIVERSITY OF PITTSBURGH							
116 ATWOOD ST #201 PITTSBURGH, PA 15260	25-0965591	501(C)3	143,010.				SCIENCE & RESEARCH
(9) UNIVERSITY OF ROCHESTER							
910 GENESEE STREET BROOKS LANDING BUSINESS	16-0743209	501(C)3	148,027.				SCIENCE & RESEARCH
(10) VANDERBILT UNIVERSITY MEDICAL CENTER							
PMB 406310 2301 VANDERBILT PLACE	62-0476822	501(C)3	122,690.				SCIENCE & RESEARCH
(11) REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELE							
10920 WILSHIRE BLVD SUITE 620	95-6006143	501(C)3	179,387.				SCIENCE & RESEARCH
(12) THE BOARD OF TRUSTEES OF THE LELAND STANFOR							
485 BROADWAY, MAIL CODE 8838	94-1156365	501(C)3	265,809.				SCIENCE & RESEARCH
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			36
3 Enter total number of other organizations lis	ted in the line	1 table					

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

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

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificat	on number
AUTISM SPEAKS, INC.						20-2329938	
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the 	s or assistand dures for mor omestic Or	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organiza	ation answered "Y	Yes No
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) THE GENERAL HOSPITAL CORPORATION							
55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	111,146.				SCIENCE & RESEARCH
(2) THE OHIO STATE UNIVERSITY							
1960 KENNY ROAD COLUMBUS, OH 43210-1016	31-6025986	501(C)1	81,536.				SCIENCE & RESEARCH
(3) BOARD OF REGENTS OF THE UNIVERSITY OF WISCO							
21 N. PARK ST., SUITE 6401	39-6006492	115(1)	30,000.				SCIENCE & RESEARCH
(4) EMORY UNIVERSITY							
1762 CLIFTON RD, SUITE 1400 MAIL STOP: 0970	58-0566256	501(C)3	246,906.				SCIENCE & RESEARCH
(5) HOSPITAL FOR SPECIAL CARE, INC							
2150 CORBIN AVENUE NEW BRITAIN, CT 06053	06-0646766	501(C)3	30,000.				SCIENCE & RESEARCH
(6) PHOENIX CHILDREN'S HOSPITAL							
2929 E. CAMELBACK RD. STE. 122	74-2421549	501(C)3	109,903.				SCIENCE & RESEARCH
(7) PRISMA HEALTH-UPSTATE							
300 EAST MCBEE AVENUE NO 302	81-1723202	501(C)3	32,003.				SCIENCE & RESEARCH
(8) REGENTS OF THE UNIVERSITY OF COLORADO							
1800 N GRANT ST STE 200 DENVER, CO 80203	84-6000555	501(C)3	50,000.				SCIENCE & RESEARCH
(9) THE METROHEALTH SYSTEM							
2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6004382	GOV	67,355.				SCIENCE & RESEARCH
(10) THE RECTOR & VISITORS OF THE UNIVERSITY OF							
101 N. EMMET STREET	54-6001796	GOV	30,000.				SCIENCE & RESEARCH
(11) UNIVERSITY OF MASSACHUSETTS, WORCESTER							
55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	GOV	58,653.				SCIENCE & RESEARCH
(12) UNIVERSITY OF NEBRASKA BOARD OF REGENTS							
986000 NEBRASKA MEDICAL CENTER	54-6001796	GOV	30,000.				SCIENCE & RESEARCH
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	-	•					

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

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

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identificati	on number
AUTISM SPEAKS, INC.						20-2329938	
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e?nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	pe duplicated if a	additional space is n	eeded.	
(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) CHILDREN'S HOSPITAL CORPORATION							
300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)3	104,210.				SCIENCE & RESEARCH
(2) UNITED STATES FUND FOR UNICEF							
125 MAIDEN LANE 10TH FLOOR	13-1760110	501(C)3	210,000.				SCIENCE & RESEARCH
(3) ANDERSON FIVE EDUCATION FOUNDATION							
PO BOX 439 ANDERSON, SC 29622	47-2373444	501(C)3	9,255.				SERVICES
(4) FAST FEET RUNNING AND ATHLETICS INC							
184 DRIGGS AVE 4L BROOKLYN, NY 11222	83-3696610	501(C)3	45,000.				SERVICES
(5) GOODWIN COLLEGE INC							
ONE RIVERSIDE DRIVE EAST HARTFORD, CT 06118	06-1627882	501(C)3	20,000.				SERVICES
(6) KESHET							
610 ACADEMY DR NORTHBROOK, IL 60062	36-3441392	501(C)3	8,000.				SERVICES
(7) MULTIPLE OPTIONS FOR DEVELOPMENTAL AND EDUC							
3020 TREMAINSVILLE ROAD TOLEDO, OH 43613	31-1606800	501(C)3	10,000.				SERVICES
(8) PORTAGE TOWNSHIP PORTER COUNTY							
3590 WILLOWCREEK RD SUITE B	35-6003678	LOCAL GOV	7,351.				SERVICES
(9) SPECIAL GIFTS THEATRE, INC							
PO BOX 2231 NORTHBROOK, IL 60065	36-4353916	501(C)3	10,000.				SERVICES
(10) TARRANT COUNTY COLLEGE DISTRICT							
300 TRINITY CAMPUS CIRCLE	75-1217163	1.103-1 POL	20,000.				SERVICES
(11) VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS							
11840 WESTLINE INDUSTRIAL DR SUITE 220	43-6078016	501(C)3	10,000.				SERVICES
(12) WAUKEGAN PARK DISTRICT							
1324 GOLF ROAD WAUKEGAN, IL 60087	36-6006138	LOCAL GOV	45,000.				SERVICES
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		. •	
3 Enter total number of other organizations list	ted in the line	1 table					

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

Schedule I (Form 990) (2021) AUTISM SPEAKS, INC. 20-2329938 Page 2

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	188	113,233.			
2 PREDOCTORAL FELLOWSHIPS	20	609,724.			
3 POSTDOCTORAL FELLOWSHIPS	2	66,981.			
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) (2021)

Schedule I (Form 990) (2021)	AUTISM SPEAKS, INC.	20-2329938	Page 2
Concadio I (I cimi coo) (Ecc I)	AUTION DIDAMO, INC.		i ago 🗕

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	2.
 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					
1					
i					
3					
,					

Part IV 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.

INC.

SCHEDULE J (Form 990)

Compensation InformationFor 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AUTISM SPEAKS,

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

Employer identification number 20-2329938

Part	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)			
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:			
a	Receive a severance payment or change-of-control payment?	4a		X
D	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	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.			
	Only postion 504/a)/2), 504/a)/4), and 504/a)/20) argonizations must complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	F		3.5
a	The organization?	5a		X
b	Any related organization?	5b		X
6	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_		6a		37
a L	The organization?			X
D	Any related organization?	6b		Λ
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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	- '-	^_	
o	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		
3	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 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.

		(B) Breakdown of W-2 a	ind/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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)	515,615.	135,486.		6,067.	25,766.	682,934.	
1 PRESIDENT/CEO (THRU 1	(ii)							
JOSEPH VANYO	(i)	293,326.			10,735.	12,948.	317,009.	
2 CHIEF OPERATING OFFIC	(ii)							
JENNIFER PODOLL	(i)	221,412.				39,592.	261,004.	
3 SVP, CONSTITUENT ENGA	(ii)							
ANDY SHIH	(i)	255,184.	14,000.		10,736.	39,592.	319,512.	
4 CHIEF SCIENCE OFFICER	(ii)							
STUART SPIELMAN	(i)	234,160.			9,251.	189.	243,600.	
5 SVP, ADVOCACY	(ii)							
LYNN HAPPEL	(i)	219,978.			8,950.	22,474.	251,402.	
6 SVP, IT & DATA SUPPOR	(ii)							
MELANIE AKINS	(i)	204,268.			8,367.	37,453.	250,088.	
7 VP, CORPORATE INITIAT	(ii)							
DONNA S. MURRAY	(i)	206,065.			8,354.	13,588.	228,007.	
8 VP, HEAD CLINICAL PRO	(ii)							
LISA GERBASI	(i)	281,655.			11,308.	37,666.	330,629.	
9 STRATEGIC INITIATIVES	(ii)							
	(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) 2021 AUTISM SPEAKS, INC. 20-2329938 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).

INC

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

2021

Open to Public

Inspection

Name of the organization

AUTISM SPEAKS,

Department of the Treasury Internal Revenue Service

Employer identification number

20-2329938

Par	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 of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		16	239,769.	FMV			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(CRYPTOCURRENCY)	X	28	107,937.	FMV			
26	Other ►(STOCK OPTIONS)	X	1	400,000.	FMV			
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29			ONE
						\longrightarrow	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
b	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31	Х	
32a	Does the organization hire or use	•	•	•				
	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which column (a) is checked,			

Schedule M (Form 990) (2021)

AUTISM SPEAKS, INC.

20-2329938 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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 20-2329938

AUTISM SPEAKS, INC

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

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

THE COMPENSATION COMMITTEE OF THE BOARD IS COMPRISED OF INDEPENDENT

PERSONS. THE COMMITTEE REVIEWS CEO COMPENSATION OF SEVERAL NATIONAL

NON-PROFITS OF SIMILAR SIZE AND SCOPE WHEN DETERMINING APPROPRIATE AND

REASONABLE COMPENSATION FOR AUTISM SPEAKS' PRESIDENT AND OTHER SENIOR

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

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. THE

INDEPENDENT PERSONS, AFTER CONSIDERING THE COMPARABILITY DATA, DOCUMENT

THEIR DECISIONS CONTEMPORANEOUSLY IN MINUTES.

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

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

Schedule O (Form 990 or 990-EZ) 2021

Name of the organization

Employer identification number

AUTISM SPEAKS, INC. 20-2329938

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, 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, Schedule O (Form 990 or 990-EZ) 2021 Page **2**

Name of the organization

AUTISM SPEAKS, INC.

Employer identification number
20-2329938

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

BEGINNING ENDING COST
DESCRIPTION BOOK VALUE BOOK VALUE OR FMV

US TREASURY MONEY MKT FUNDS 21,950,201. 21,952,383.

TOTALS ----- ----

21,950,201. 21,952,383.

SCHE	DULE	F
(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 Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organizationEmployer identification numberAUTISM SPEAKS, INC.20-2329938

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
1)					
2)					
3)					
4)					
5)					
6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(controlled entity?		
						Yes	No	
(1) AUTISM SPEAKS CANADA 86-9420208								
2450 VICTORIA PARK AVENUE TORONTO, ONTARIO CA	SEE PART VII	CA			AUTISM SPEAK	х		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 Page **2**

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

٨	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	Legal Direct controlling omicile entity state or	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	income (related				h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
			oounity)		,			Yes	No		Yes	No		
<u>(1)</u>														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

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

				<u> </u>			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

schedule R (Form 990) 2021	AUTISM SPEAKS, INC.	20-2329938	Page 3

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

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	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	-	Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Χ
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Χ
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		Χ
h	Purchase of assets from related organization(s)				1h		Χ
i	Exchange of assets with related organization(s)				1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
0	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Χ
r	Other transfer of cash or property to related organization(s)				1r		Χ
S	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete to	this line, including cove	ered relationships and trans	action thre	sholds	3.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)	rminin	a
	Name of Folded organization	type (a-s)	/\lineart involved		int invo		9
(1)	AUTISM SPEAKS CANADA	В	368,323.	CASH F	AYME	ENT	
(0)							
(2)							
(2)							
(3)							
(4)							
(")							
(5)							
(-)							_
(6)							
·-/		I.	l .	1			

Schedule R (Form 990) 2021 AUTISM SPEAKS, INC. 20-2329938 Page **4**

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(organiz	e) partners tion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ner?	(k) Percentage ownership
			from tax under sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)	_												
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2021

AUTISM SPEAKS, INC.

20-2329938 Page **5**

Part VII Supplemental Information

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

FORM 990, SCHEDULE R PART II (B)

AUTISM SPEAKS CANADA - AUTISM SPEAKS CANADA IS DEDICATED TO PROMOTING

SOLUTIONS, ACROSS THE SPECTRUM AND THROUGHOUT THE LIFESPAN, FOR THE NEEDS

OF INDIVIDUALS WITH AUTISM AND THEIR FAMILIES BY SUPPORTING AND WORKING

WITH COMMUNITY PARTNERS; ENHANCING RESOURCES AND SERVICES; INCREASING

UNDERSTANDING, ACCEPTANCE AND INCLUSION OF PEOPLE WITH AUTISM SPECTRUM

DISORDER; AND ADVANCING RESEARCH INTO CAUSES AND BETTER INTERVENTIONS FOR

AUTISM SPECTRUM DISORDER AND RELATED CONDITIONS.

Certificate Of Completion

Envelope Id: 10B104CB47BA430E9A7BAB176D91B9A3

Subject: Complete with DocuSign: YE22_Form 990_Autism Speaks_Public Disclosure.pdf, YE22_Form 990_Autism...

Source Envelope:

Document Pages: 128 Signatures: 6 **Envelope Originator:** Certificate Pages: 5 Initials: 0 Alycia Solecki

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

1901 S Meyers Rd, STE 455 Oakbrook Terrace, IL 60181 Alycia.Solecki@us.gt.com IP Address: 134.238.184.74

Record Tracking

Status: Original Holder: Alycia Solecki Location: DocuSign

1/5/2023 12:45:16 PM Alycia.Solecki@us.gt.com

Signer Events

Alycia Solecki alycia.solecki@us.gt.com

Security Level: Email, Account Authentication

(Optional)

Alycia Solecki E41CC952980B47E..

Signature

Signature Adoption: Pre-selected Style Using IP Address: 134.238.184.74

Timestamp

Sent: 1/5/2023 12:50:24 PM Viewed: 1/5/2023 12:50:38 PM Signed: 1/5/2023 12:50:50 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Joe Vanyo

joe.vanyo@autismspeaks.org Chief Operating Officer Autism Speaks Inc

Security Level: Email, Account Authentication

(Optional)

DocuSigned by: Joe Varyo

Signature Adoption: Pre-selected Style Using IP Address: 73.190.27.25

Sent: 1/5/2023 12:50:55 PM Viewed: 1/5/2023 1:26:29 PM

Signed: 1/5/2023 1:26:52 PM

Electronic Record and Signature Disclosure:

Accepted: 1/5/2023 1:26:29 PM

In Person Signer Events

ID: e05b1087-d08a-4e4c-9b48-bb143e3f04b9

Timestamp

Editor Delivery Events Status Timestamp

Signature

Agent Delivery Events Status Timestamp

Intermediary Delivery Events Status Timestamp

Certified Delivery Events Status Timestamp

Carbon Copy Events Status Timestamp

COPIED

Tanya Stamenova-Pumpalova

Tanya.Pumpalova@autismspeaks.org Security Level: Email, Account Authentication

(Optional)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Sent: 1/5/2023 1:26:56 PM

Carbon Copy Events

Status

Timestamp

Phil Bedard

Phil.Bedard@us.gt.com

COPIED

Sent: 1/5/2023 1:26:57 PM

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure:Not Offered via DocuSign

Witness Events	Signature	Timestamp					
Notary Events	Signature	Timestamp					
Envelope Summary Events	Status	Timestamps					
Envelope Sent	Hashed/Encrypted	1/5/2023 12:50:24 PM					
Certified Delivered	Security Checked	1/5/2023 1:26:29 PM					
Signing Complete	Security Checked	1/5/2023 1:26:52 PM					
Completed	Security Checked	1/5/2023 1:26:57 PM					
Payment Events	Status	Timestamps					
Electronic Record and Signature Disclosure							

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Grant Thornton LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Grant Thornton LLP:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: hypercare@us.gt.com

To advise Grant Thornton LLP of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at hypercare@us.gt.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Grant Thornton LLP

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to hypercare@us.gt.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Grant Thornton LLP

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to hypercare@us.gt.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Grant Thornton LLP as described above, you consent to
 receive exclusively through electronic means all notices, disclosures, authorizations,
 acknowledgements, and other documents that are required to be provided or made
 available to you by Grant Thornton LLP during the course of your relationship with
 Grant Thornton LLP.