WEGNER CPAS LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

AUTISM SCIENCE FOUNDATION 3 CONTINENTAL ROAD SCARSDALE, NY 10583

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#### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 41-49-76

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change AUTISM SCIENCE FOUNDATION Name change 26-4522309 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 914-552-1580 3 CONTINENTAL ROAD 1,577,072. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SCARSDALE, NY 10583 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ALISON SINGER for subordinates? ..... Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.AUTISMSCIENCEFOUNDATION.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 2009 M State of legal domicile: DC ☐ Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 1,515,735. 1,571,449. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 5,623. 258. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -366,330.-197,141. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,318,852. 210,742. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 170,576. 786,070. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 329,246. 460,962. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 198,131.  $\overline{419},927.$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,666,959. 697,953. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 620,899. -456,217. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,178,684. 1,184,550. Total assets (Part X, line 16) 21,783.491,561. 21 Total liabilities (Part X, line 26) 三年 156,901. 692,989 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ALISON SINGER, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/13/23 self-employed YIGIT UCTUM, CPA P01269549 YIGIT UCTUM, CPA Paid Firm's EIN 39-0974031 WEGNER CPAS LLP Preparer Firm's name Firm's address 230 PARK AVE FL 3 Use Only Phone no. (212) 551-1724NEW YORK, NY 10169-0005 X Yes May the IRS discuss this return with the preparer shown above? See instructions

. u	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: SEE SCHEDULE O
	SEE SCHEDOLE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 447, 832 • including grants of \$786, 070 • ) (Revenue \$)
	IN 2022, ASF FUNDED 9 PRE- AND POST-DOCTORAL GRANTS AND 5 UNDERGRADUATE
	RESEARCH GRANTS. ASF DEVELOPED A NOVEL "PARTICIPATE IN RESEARCH"
	WEBSITE TO MATCH FAMILIES WITH STUDIES RECRUITING PARTICIPANTS. OVER
	100 STUDIES SIGNED UP IN THE FIRST MONTH. ASF UPGRADED ITS WEBSITE TO
	BETTER FOCUS ON THE NEEDS OF DIFFERENT AUTISM STAKEHOLDER GROUPS. ASF -
	CANADA WAS LAUNCHED AND AN OFFICE IN TORONTO WAS OPENED. ASF COLLECTED
	DONATIONS AND TOYS FOR DISPLACED UKRAINIAN CHILDREN WITH AUTISM. ASF
	FUNDED THE FIRST ROUND OF SUZANNE WRIGHT ACCELERATOR GRANTS TO INCREASE
	THE PACE OF RESEARCH AND DRAMATICALLY INCREASED FUNDING FOR THE BABY
	SIBLINGS RESEARCH CONSORTIUM. ASF BECAME A GLOBAL LEADER IN "PROFOUND
	AUTISM" ADVOCACY AND FUNDED THE FIRST EVER GRANTS FOCUSED ON PROFOUND
	AUTISM.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,447,832.
	Form <b>990</b> (2022)

Part 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4	Х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	Λ	
16		16		x
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		1
17		17	х	
18	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 Part VIII, lines	''	- 42	
.0		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	19		x
20a	complete Schedule G, Part III	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	

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Form **990** (2022)

# Part IV Checklist of Required Schedules (continued)

	· · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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			
	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 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? <i>If</i>			
ŭ	"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			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
32	•	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	33		
J-7		34		х
35.5	Part V, line 1  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	000		
b		35b	Х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 51		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			.,,5
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
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Form 990 (2022) AUTISM SCIENCE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	6						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	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 Advanced in the Financi	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a									
_	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			۵.					
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).				Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uirod	7b	Λ				
С				7c		х			
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70		21			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		Х			
_	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			7g 7h					
8	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?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:		1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	1	I						
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	10-					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b	<u></u>	12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
-	Note: See the instructions for additional information the organization must report on Schedule O.			100					
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a				14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		X			
	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	incor	ne?	16		X			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.				000				

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a				Х
	more members of the governing body?	7a		Λ_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	37
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 the			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe 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	Х	
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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	Х	
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	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 interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ALISON SINGER - 914-552-1580			
	3 CONTINENTAL ROAD, SCARSDALE, NY 10583			

Form **990** (2022)

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

A   Average	X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sat	ed any current officer, di	rector, or trustee.	
Notes   Property   P		(B)			_ ((	C)					(F)
Week (list any hours for related organizations below line)   From the organization (W-2/1099-MISC/ 1099-NEC)   From the organization and related organizations   From the organization (W-2/1099-MISC/ 1099-NEC)   From the organization (W-2/1099-M	Name and title	1	(do	not c	Pos heck	itior more	<b>)</b> than	one	•	•	
Week (list any hours for related organizations below line)   Figure 1   Figure 2   Figure 3   Fig		1	box	, unle	ss pei	rson i	is both	n an	· ·	·	
(1) ALYCIA HALLADAY ROSS		1	_				T	100,			
(1) ALYCIA HALLADAY ROSS			direct				l,		1		
(1) ALYCIA HALLADAY ROSS		1	ee or	stee			nsate				
(1) ALYCIA HALLADAY ROSS		organizations	trust	al tru		oyee	om pe			,	
(1) ALYCIA HALLADAY ROSS			vidua	itutio	cer	empl	hest c	ner			organizations
CHIEF SCIENCE OFFICER  (2) ALISON SINGER  PRESIDENT  (3) PAUL OFFIT  DIRECTOR  (4) MICHAEL LEWIS  DIRECTOR  (5) BRYAN HARKINS  DIRECTOR  (6) JONAH ZIMILES  TREASURER  (7) SCOTT BADESCH  (8) ALISON SINGER  (A) M 189,602.  0. 6,636.  (7) SCOTT BADESCH  X			lnd	lust	ij U	Key	E Hig	For			
ALISON SINGER		40.00	-			l			100 500		6 606
PRESIDENT		40.00		_		X	₩		189,602.	0.	6,636.
Solition   Solition					l						•
DIRECTOR         X         0.         0.         0.           (4) MICHAEL LEWIS         5.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (5) BRYAN HARKINS         5.00         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (6) JONAH ZIMILES         5.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (7) SCOTT BADESCH         5.00         0.         0.         0.         0.         0.			X		X		├		0.	0.	0.
(4) MICHAEL LEWIS       5.00         DIRECTOR       X         (5) BRYAN HARKINS       5.00         DIRECTOR       X         (6) JONAH ZIMILES       5.00         TREASURER       X         (7) SCOTT BADESCH       5.00		5.00								•	•
DIRECTOR   X		F 00	X				_		0.	0.	0.
(5) BRYAN HARKINS		5.00	3,7							0	0
DIRECTOR         X         0.         0.         0.           (6) JONAH ZIMILES         5.00         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (7) SCOTT BADESCH         5.00         0.		F 00	X				-		0.	0.	0.
(6) JONAH ZIMILES         5.00           TREASURER         X         X         0.         0.         0.           (7) SCOTT BADESCH         5.00         0.         0.         0.         0.         0.		5.00	<b>.</b> ,							0	0
TREASURER X X 0. 0. 0. (7) SCOTT BADESCH 5.00		F 00	Λ				-		0.	0.	0.
(7) SCOTT BADESCH 5.00		3.00	v		v					0	0
		5 00	Λ		^		$\vdash$		0.	0.	0.
		3.00	v		v				_	0	n
	CHAIRMAN OF THE BOARD		Δ		^				0.	0.	0.
			1								
			1								
			1								
							$\vdash$				
			1								
			1								
			1								

Form 990 (2022)

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)								(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			ne	Reportable	ortable Reportable		Estimated		ed
	hours per week			ss per id a di				compensation	compensatio		aı	nount	of
	(list any							from from relate the organizatio			con	other opensa	ation
	hours for	director				pe		organization	(W-2/1099-MIS		ı	rom th	
	related	Individual trustee or	ustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		org	ganizat	ion
	organizations below	al trus	onal tr		loyee	comp		1099-NEC)			I	d relat	
	line)	dividu	Institutional trustee	Officer	Key employee	ighest	Former				org	anizati	ons
	,	=	=	0	×	Ξē	Œ						
1b Subtotal								189,602.		0.		6,6	
c Total from continuation sheets to Part VI								0.		0.			
d Total (add lines 1b and 1c)								189,602.			0. 6,636.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			1
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director trusta	ا مم	(AV 6	mnl	OVE	e or	hia	shest compensated empl	ovee on			100	110
line 1a? If "Yes," complete Schedule J for s											3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes, " com	plete Schedule	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors							- 41	t	100 000 - f				
1 Complete this table for your five highest co the organization. Report compensation for										ensa	tion tr	om	
<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	C		C) ensatio	n
GLOBAL IMPACT TOURS, 630		VE	NU	Ε,				Bosciption of c	01 11000		, ompo		··
SUITE 1207, NEW YORK, NY								EVENT CONSUL'	TANT		42	1,9	44.
							$\dashv$						
2 Total number of independent contractors (i	•	ot lin	nited	d to t	_		ed	above) who received mo	ore than				
\$100,000 of compensation from the organia	zation				1	L							

Form 990 (2022) AUTISM
Part VIII Statement of Revenue

			Check if Schedule O contains a re	esnonse d	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a re	esponse c	or flote to arry lift	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
								business revenue	from tax under
									sections 512 - 514
ts st	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
e, E		С	Fundraising events	1c	1,023,141.				
ifts ar A				1d					
nii.G				1e					
Sig			All other contributions, gifts, grants, and						
uti Je				1f	548,308.				
GË		~		1g \$	7 - 7 - 7 - 7 - 7 - 7				
o		_	<del>-</del>	ig <sub> </sub> φ		1,571,449.			
O a		n	Total. Add lines 1a-1f		D	1,371,443.			
					Business Code				
ce	2	а							
e Zi		b							
S Z		С							
am		d							
Program Service Revenue		е							
Pr		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3	9	Investment income (including dividen						
	Ŭ			5,623.			5,623.		
	4		Income from investment of tax-exemp			0,020.			0,020.
	4		·	•					
	5		Royalties	Real					
			(1)	Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Se	curities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>o</u>			and sales expenses						
Revenue		c	Gain or (loss) 7c						
ě			Net gain or (loss)						
her B			Gross income from fundraising events (no						
Ę.	0	а	,						
ŏ									
			contributions reported on line 1c). Se		•				
			Part IV, line 18		0.				
			Less: direct expenses		366,330.				
		С	Net income or (loss) from fundraising	events		-366,330.			-366,330.
	9	а	Gross income from gaming activities.	See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming acti						
			Gross sales of inventory, less returns						
			and allowances	10a					
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inve						
		<u> </u>	Net income or (loss) from sales of five	entory	Business Code				
S					Busiliess Code				
e e	11								
Miscellaneous Revenue		b							
g çe		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,210,742.	0.	0.	-360,707.

Pai	Part IX Statement of Functional Expenses									
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).						
	Check if Schedule O contains a respons	se or note to any line in	this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	786,070.	786,070.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	106 000	156 000	22 242						
	trustees, and key employees	196,238.	156,990.	39,248.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	216 456	152 111	20 000	22 545					
7	Other salaries and wages	216,456.	153,111.	29,800.	33,545.					
8	Pension plan accruals and contributions (include	4,640.	2 407	776.	277					
_	section 401(k) and 403(b) employer contributions)	8,907.	3,487. 6,693.	1,490.	377. 724.					
9	Other employee benefits	34,721.	26,090.	5,809.	2,822.					
10	Payroll taxes	34,741.	20,090.	3,003.	2,022.					
11	Fees for services (nonemployees):									
_	Management	8,005.		8,005.						
b C	LegalAccounting	39,399.		39,399.						
d		337333.		33,3331						
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,				_					
3	column (A), amount, list line 11g expenses on Sch O.)	85,818.	85,818.							
12	Advertising and promotion	108,184.	108,044.	140.						
13	Office expenses	37,905.	12,940.	22,596.	2,369.					
14	Information technology	28,269.	14,988.	13,281.						
15	Royalties									
16	Occupancy	37,800.	28,661.	6,148.	2,991.					
17	Travel	57,232.	56,646.	586.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	3,024.	2,995.	29.						
20	Interest									
21	Payments to affiliates	7 026	F 200	1 505	1 020					
22	Depreciation, depletion, and amortization	7,836. 6,455.	5,299.	1,505. 6,455.	1,032.					
23	Insurance	0,433.		0,433.						
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 0.)									
а										
b										
С										
d										
	All other expenses Add lines 1 through 24s	1,666,959.	1,447,832.	175,267.	43,860.					
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,000,909.	1,441,034.	1/3,40/•	43,000.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	educational campaign and fundraising solicitation.									

Form **990** (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Part		Balance Sneet					
		Check if Schedule O contains a response or r	note to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	86,812
	2	Savings and temporary cash investments			981,473.	2	740,844
	3	Pledges and grants receivable, net			120,489.	3	75,770
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
₹	9	Prepaid expenses and deferred charges			43,637.	9	54,943
.	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	7,836.	28,210.	10c	20,374 91,834
	11	Investments - publicly traded securities		0.	11	91,834	
	12	Investments - other securities. See Part IV, lin		12			
'	13	Investments - program-related. See Part IV, lin		13			
•	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,875.	15	113,973
_	16	Total assets. Add lines 1 through 15 (must e			1,178,684.	16	1,184,550
'	17	Accounts payable and accrued expenses			21,783.		13,613
'	18	Grants payable		0.	18	452,948	
'	19	Deferred revenue	0.	19	25,000		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
se 2	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
ia B		controlled entity or family member of any of the				22	
-   1	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X			
		of Schedule D		·····	21 702	25	401 EC1
-   2	26	<u> </u>	<u></u>		21,783.	26	491,561
σ l		Organizations that follow FASB ASC 958, c	heck her	e X			
ည်		and complete lines 27, 28, 32, and 33.			1 011 001		620 202
<u>alar</u>	27				1,011,901.	27	638,292
<u> </u>	28	Net assets with donor restrictions			145,000.	28	54,697
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here			
.		and complete lines 29 through 33.					
) ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
-	31	Retained earnings, endowment, accumulated			1 156 001	31	602 000
	32	Total net assets or fund balances			1,156,901.	32	692,989
;	33	Total liabilities and net assets/fund balances			1,178,684.	33	1,184,550

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,21				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,66				
3	Revenue less expenses. Subtract line 2 from line 1	3	-45				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>1,15</u>				
5	Net unrealized gains (losses) on investments	5		7,5	<u>55.</u>		
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		-1	40.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	69	2,9	<u>89.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>		
				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," explain 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 compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	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:						
	X Separate basis 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 oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

232012 12-13-22

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **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

Open to Public Inspection

Name of the organization

AUTISM SCIENCE FOUNDATION

**Employer identification number** 

26-4522309 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	934,942.	1036703.	1039203.	1515734.	1571449.	6098031.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	934,942.	1036703.	1039203.	1515734.	1571449.	6098031.
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)						384,369.
6	Public support. Subtract line 5 from line 4.						5713662.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	934,942.	1036703.	1039203.	1515734.	1571449.	6098031.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,093.	2,197.	1,451.	258.	5,623.	13,622.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						6111653.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	486,378.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	line 6, column (f), di	ivided by line 11, c	column (f))		14	93.49 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	90.21 %
	33 1/3% support test - 2022. If the					ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
k	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
k	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	he facts-and-circum	stances test, ched	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
							(Form 990) 2022

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#### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

_		Yes	No
Г	1		
	2		
	_		
	3a		
-	3b		
Н	3c		
	4 -		
	4a		
	4b		
	710		
	4c		
	5a		
L	5b		
L	5c		
	6		
L	7		
L	8		
L	9a		
	9b		
	90		
	9c		
	10a		
	10b		
ıla A	\ /Earr	n aan)	2022

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	duct A 1011 500/2022 11011 50112101 1 00115111101		- 16	ige <b>o</b>
Pai	t IV   Supporting Organizations (continued)			
	r		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			
800	detail in Part Ⅵ. tion B. Type I Supporting Organizations	11c		
Sec	uon B. Type i Supporting Organizations		,, I	
			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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
_	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,	•		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	- Type in cupporting organizations		Yes	Na
4	Wars a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion 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			1,10
	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		
Sec	tion 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 instructions).			
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 ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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	0'		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the experiencial basis the power to require the power to requir			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990) 2022

5

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

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2022

**Employer identification number** 

AUTISM SCIENCE FOUNDATION 26-4522309 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

### AUTISM SCIENCE FOUNDATION

26-4522309

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and En 1 7	\$50,000.	Person X Payroll
(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.)

Dogo 3

Name of organization

Employer identification number

### AUTISM SCIENCE FOUNDATION

26-4522309

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-	-22		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** AUTISM SCIENCE FOUNDATION 26-4522309 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

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 Inspection

Name of the organization

AUTISM SCIENCE FOUNDATION

**Employer identification number** 26-4522309

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	<b>b)</b> Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		arrage ar Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•	-			ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Asset	s (continu	ued)	<u>,                                    </u>
3	Using the organization's acquisition, accessio								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_
	collection items (check all that apply):	,	•	,	· ·	·					
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	e			9-  9						
c	Preservation for future generations	_									
4	Provide a description of the organization's col	llections and explain	how th	ev further tl	ne organizatio	n's exem	nt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	='		•	-			oo iii i are	7		
_	to be sold to raise funds rather than to be mai							[	Yes		No
Pai	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part			Ü				,	,		
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for o	contribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for 6	escrow or c	ustodial acco	unt liabilit	y?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if										
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	( <b>d)</b> Three y	ears back	(e) Four	years ba	ack_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	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 curre	ent year end balance	e (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment9	6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3а	Are there endowment funds not in the posses	sion of the organiza	tion tha	t are held a	nd administer	red for the	9		_		
	organization by:									Yes	No_
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	_	
	If "Yes" on line 3a(ii), are the related organizat								3b		
4 Dat	Describe in Part XIII the intended uses of the ct VI Land, Buildings, and Equipment		wment f	unds.							
Fai	Complete if the organization answered		Dort IV	/ lino 11a G	coo Form 000	Dort V I	ino 10				
	· · · · · · · · · · · · · · · · · · ·		-	i				.	/ N.D		—
	Description of property	(a) Cost or o basis (investn			t or other (other)		cumulate reciation	ed	(d) Book	value	
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment			_							
	Other				8,210.		7,83			, 37	
<u>Tota</u>	l. Add lines 1a through 1e. (Column (d) must eq	gual Form 990, Part	X, colun	nn (B). line 1	0c.)				20	,37	4.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 AUTISM SCIEN	NCE FOUNDATIO	N 26	-4522309 Page 3
Part VII Investments - Other Securities.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1011003 Tage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(-,	(0)	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (		11d. See Form 990, Part X, line 15.	(I-) De alemates
	Description		(b) Book value
(1) SECURITY DEPOSIT	NIND A MIT ON C	7 N 7 N 7 N 7	5,175
(2) DUE FROM AUTISM SCIENCE FO	DUNDATION - C	ANADA	108,798
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		113,973
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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) 2022

(8) (9)

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue p	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а				
b				
С	1 , 5			
d	7	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a	, , , , , , , , , , , , , , , , , , , ,			
b				
c				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XII   Reconciliation of Expenses per Audited Financial	e 12.) I Statements With Expenses	5	
ıu	Complete if the organization answered "Yes" on Form 990, Part	_	per ricturii.	
_				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا		
a				
b				
c d				
u e	,		2e	
3				
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
b				
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. li			
Pa	rt XIII Supplemental Information.		•	
Prov	ride 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; Par	t XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		

#### 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** AUTISM SCIENCE FOUNDATION 26-4522309 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region NORTH AMERICA GRANTS TO RECIPIENTS 102,500. 0 0 102,500. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a

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Schedule F (Form 990) 2022

102,500.

and 3b)

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.	

1 (a) Name of organization	<b>(b)</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)
			1ST PAYMENT OF					
			PRE-DOC GRANT	17,500.		0.		
			BABY SIBS RESEARCH					
			CONSORTIUM	85,000.		0.		
			ecognized as charities by the f					
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			2

**3** Enter total number of other organizations or entities

Part III Grants and Other Assist			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated  (a) Type of grant or assistance	if additional space is neede	(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)

# Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							Employer identification number		
AUTISM SCIENCE FOUNDATION							26-4522309		
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet.</li> </ul>	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not		
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ul>	e X Solicitat f Solicitat g X Special  or oral agreement with any individual that VII) or entity in connection with prividuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
GLOBAL IMPACT TOURS - 127 W		Yes	No						
26TH ST STE. 402, NEW YORK,	EVENT CONSULTING		Х	1,023,141.		421,944.	421,944.		
			·						
				1,023,141.		421,944.	421,944.		
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from req	gistration		
NY									
111									

232081 10-27-22

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SEE PART IV FOR CONTINUATIONS

26-4522309 Page 2 AUTISM SCIENCE FOUNDATION Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events WALL STREET DANCE WITH NONE (add col. (a) through RIDES STARS col. (c)) (event type) (event type) (total number) 949,229. 73,912. 1,023,141. Gross receipts 949,229 73,912. 1,023,141. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 319,474. 46,856. 366,330. Other direct expenses 366,330. **10** Direct expense summary. Add lines 4 through 9 in column (d) -366,330. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Is the organization licensed to conduct gaming activities in each of these states?  If "No," explain:	Yes	No
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  If "Yes," explain:	Yes	No
	 	 _

Yes

232082 10-27-22

**9** Enter the state(s) in which the organization conducts gaming activities:

Sch	edule G (Form 990) 2022 AUTISM SCIENCE FOUNDATION 26-	4522309	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
•	Enter the hame and address of the person who propares the organization's gaining special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	: If "Yes," enter name and address of the third party:		
•	The first find the data address of the time party.		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
		,	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
_	organization's own exempt activities during the tax year \$		
Pa	urt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lines 9 (	9h 10h
-	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	are iii, iii 100 0, 0	55, 105,
_	100, 100, 10, and 110, as applicable. Also provide any additional mormation. Get instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:	
	HEROLE C, TIME I, BINE ES, BIST OF TEM HIGHEST THES TOMBERTEDEN	<u>.                                    </u>	
<u>(I</u>	) NAME OF FUNDRAISER: GLOBAL IMPACT TOURS		
, _	\	10001	6080
<u>(I</u>	) ADDRESS OF FUNDRAISER: 127 W 26TH ST STE. 402, NEW YORK, NY	10001-	6870

Schedule G	G (Form 990)	AUTISM	SCIENCE	FOUNDATION		26-4522309	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (cor	ntinued)				
		(00)	itiriaca)				
				<u> </u>	<u> </u>		
					<u> </u>		

### 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AUTISM SC	IENCE FOU	NDATION					Employer identification number 26-4522309
Part I General Information on Grants ar							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assisted.</li> <li>Describe in Part IV the organization's process.</li> </ol>	tance?				~		
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "\	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, DAVIS 1850 RESEARCH PARK DRIVE, SUITE 300 DAVIS, CA 95618	94-6036494	STATE OF CA	17,500.	0.			1ST PAYMENT OF PRE-DOC
UNIVERSITY OF ROCHESTER 500 JOSEPH C. WILSON BOULEVARD ROCHESTER, NY 14627	16-0743209	501(C)(3)	17,500.	0.			1ST PAYMENT OF PRE-DOC GRANT
MASSACHUSETTS GENERAL HOSPITAL 415 MAIN STREET CAMBRIDGE, MA 02142	10-0003162	501(C)(3)	25,000.	0.			1ST PAYMENT OF POST-DOC
YALE UNIVERSITY 150 MUNSON STREET, 3RD FLOOR NEW HAVEN, CT 06520	06-0646973	501(C)(3)	17,500.	0.			1ST PAYMENT OF PRE-DOC GRANT
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BLVD - LOS ANGELES, CA 90024	95-6006143	501(C)(3)	40,782.	0.			1ST PAYMENT OF PRE-DOC GRANT & NEXT GEN SIBS PROJECT
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 660 SOUTH EUCLID AVE - ST. LOUIS, MO 63110	43-0653611	1	17,500.	0.			1ST PAYMENT OF PRE-DOC GRANT 10.
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>							

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN AT MADISON							
21 NORTH PARK STREET							1ST PAYMENT OF POST-DOO
MADISON, WI 53715	39-6006492	170(C)(1)	25,000.	0.			GRANT
	05 0000152	270(0)(1)	20,000.	-			
RUTGERS UNIVERSITY							
33 KNIGHTSBRIDGE ROAD							1ST PAYMENT OF PRE-DOC
PISCARAWAY, NJ 08854	12-2600108	501(C)(3)	17,500.	0.			GRANT
KENNEDY KRIEGER INSTITUTE							
3901 GREENSPRING AVENUE							
BALTIMORE, MD 21211	52-1524967	501(C)(3)	7,500.	0.			ACCELERATOR GRANT
CHILDREN'S HOSPITAL OF							
PHILADELPHIA - 3401 CIVIC CENTER	22 1252166	E01/G)/3)	7 500	0.			ACCELERATOR GRANT
BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	7,500.	0.			ACCELLERATOR GRAINT
BOSTON UNIVERSITY							
100 MORRISSEY BLVD							
BOSTON, MA 02125	80-8008122	501(C)(3)	7,500.	0.			ACCELERATOR GRANT
,			,				
i i i i i i i i i i i i i i i i i i i							

(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 noncash assistance
art IV Supplemental Information. Provide the information	n required in Part I, lind	e 2; Part III, columr	n (b); and any other ad	Iditional information.	
ART I, LINE 2:					
HE ORGANIZATION REQUIRES BOTH A	MID-TERM A	ND END-OF	-GRANT REPO	RT FROM ALL	
RANT RECIPIENTS. IN ADDITION,	THE ORGANIZ	ATION MON	ITORS PUBLI	CATIONS AND	
JBLIC PRESENTATIONS BY ITS GRAN	T RECIPIENT	S. GRANT	RECIPIENTS	PARTICIPATE	
N VIDEO INTERVIEWS FOR THE ORGA	NIZATION'S	WEBSITE AI	ND CONTRIBU	TE BLOG	
OSTS ABOUT THE PROGRESS OF THEI					

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

Open to P

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

AUTISM SCIENCE FOUNDATION

Employer identification number 26-4522309

Pa	art I Questions Regarding Compensation									
			Yes	No						
<b>1</b> a	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			l						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l						
				l						
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										
2	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.									
	Compensation committee Written employment contract									
	Independent compensation consultant Compensation survey or study									
	Form 990 of other organizations  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			l						
	organization or a related organization:			37						
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								
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
	Only section 504(a)(2), 504(a)(4), and 504(a)(90) agreeminations 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			l						
_	contingent on the revenues of: The organization?	5a		Х						
		5b		X						
J	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	55								
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
Ū	contingent on the net earnings of:									
а	The organization?	6a		х						
	A 1.1 1 1 1 0	6b		X						
b	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	OD								
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		х						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in									
•	Regulations section 53.4958-6(c)?	9								
	Regulations section 53.4998-6(c)?	9								

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALYCIA HALLADAY ROSS	(i)	189,602.	0.	0.	6,636.	0.	196,238.	0.
CHIEF SCIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

AUTISM SCIENCE FOUNDATION

Employer identification number 26-4522309

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT AUTISM RESEARCH AND PROVIDE FUNDING TO SCIENTISTS AND

ORGANIZATIONS CONDUCTING AUTISM RESEARCH; EDUCATE THE PUBLIC ABOUT

AUTISM SPECTRUM DISORDER AND ABOUT ADVANCES IN AUTISM RESEARCH; SUPPORT

AND PROMOTE THE NEEDS OF INDIVIDUALS AND FAMILIES AFFECTED BY THE

DISORDER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO SUPPORT AUTISM RESEARCH BY PROVIDING FUNDING AND OTHER ASSISTANCE TO
SCIENTISTS AND ORGANIZATIONS CONDUCTING, FACILITATING, PUBLICIZING, AND
DISSEMINATING AUTISM RESEARCH. THE ORGANIZATION ALSO PROVIDES
INFORMATION ABOUT AUTISM TO THE GENERAL PUBLIC AND SERVES TO INCREASE
AWARENESS OF AUTISM SPECTRUM DISORDERS AND THE NEEDS OF INDIVIDUALS AND
FAMILIES AFFECTED BY AUTISM.

FORM 990, PART VI, SECTION A, LINE 2:

ALISON SINGER AND MICHAEL LEWIS HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number

FORM 990, PART VI, SECTION B, LINE 12C:

AUTISM SCIENCE FOUNDATION

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING

BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL

CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN

THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION. IF A

DIRECTOR OR OFFICER HAS A CONFLICT WITH A PARTICULAR GRANT PROPOSAL, THAT

DIRECTOR OR OFFICER IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING

BODY'S DECISION ON THE OUTCOME THAT PROPOSAL. IF AN EMPLOYEE HAS A

CONFLICT WITH A PARTICULAR GRANT PROPOSAL, THAT EMPLOYEE IS PROHIBITED FROM

WORKING ON OR MAKING ANY DECISIONS REGARDING THAT GRANT.

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

THE BOARD OF DIRECTORS DETERMINE AND FORMALLY APPROVE COMPENSATION OF
HIGHLY PAID INDIVIDUALS EACH YEAR THROUGH COMPARISON OF SALARIES OF SIMILAR
SIZED NON-PROFIT ORGANIZATIONS USING COMPENSATION STUDIES.

FORM 990, PART VI, SECTION C, LINE 18:

A COPY OF THE FORM 990 IS AVAILABLE ON THE ASF WEBSITE, WWW.GUIDESTAR.ORG,
AND THE CHARITY NAVIGATOR WEBSITE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY EXCHANGE LOSS

-140.

26-4522309

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 26-4522309 AUTISM SCIENCE FOUNDATION Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No AUTISM SCIENCE FOUNDATION - CANADA 18 KING STREET EAST SUITE 1400 AUTISM SCIENCE TORONTO, CANADA SUPPORT AUTISM RESEARCH CANADA FOUNDATION Х

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

Schedule R (Form 990) 2022

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.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Schedule R (Form 990) 2022

Page 3

X

Yes No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		_ X_
С					1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				<b>1</b> g		X
	Purchase of assets from related organization(s)				<b>1</b> h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		X
					1m		X
					1n		X
0	Sharing of paid employees with related organization(s)				10		Х
					_		37
р	Reimbursement paid to related organization(s) for expenses				1p	37	X
q	Reimbursement paid by related organization(s) for expenses				1q	X	
_					4		Х
					1r		X
					1s	<u> </u>	
	<b>(a)</b> Name of related organization				volved		
	· · · · · · · · · · · · · · · · · · ·	type (a-s)	, unodite involved	Mounda of actornium g arricant in	voivou		
1) 4	AUTISM SCIENCE FOUNDATION	l 0	108,798.	INVOICED AMOUNTS			
		-	,				
2)							
3)							
4)							
5)							
6)							
m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property from related organization(s)  s Other transfer of cash or property from related organization(s)  1 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction  Type (a-s)  1 AUTISM SCIENCE FOUNDATION  Q 108,798. INVOICED AMOUNTS  1 AUTISM SCIENCE FOUNDATION  Q 108,798. INVOICED AMOUNTS					D (Ear	n 000	1 2022

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 sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000