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

Form **990**

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



AF	or the	e 2023 calendar year, or tax year beginning and	ending		
В с а	heck if oplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre	e AUTISM SCIENCE FOUNDATION			
	Name] Chang			26-45223	09
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final Final	3 CONTINENTAL ROAD		914-552-1	
	termir ated			G Gross receipts \$	1,546,621.
	Amen return	ded SCARSDALE, NY 10583		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: ALISON SINGER		for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙТ	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
JΝ	lebsi	te: WWW.AUTISMSCIENCEFOUNDATION.ORG		H(c) Group exemptio	n number
ΚF	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 2009 N	A State of legal domicile: DC
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	SCHEDU	LE O	
Activities & Governance					
na	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
8 S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	8
j <u>t</u> j	6	Total number of volunteers (estimate if necessary)			30
çti		a Total unrelated business revenue from Part VIII, column (C), line 12		_	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		1,571,449.	1,528,546.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,623.	17,569.
<u>۳</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-366,330.	-314,494.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,210,742.	1,231,621.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		786,070.	301,347.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		460,962.	522,572.
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 33, 21	19.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		419,927.	430,635.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,666,959.	1,254,554.
	19	Revenue less expenses. Subtract line 18 from line 12		-456,217.	-22,933.
LCes			Be	ginning of Current Year	End of Year
Assets	20	Fotal assets (Part X, line 16)		1,184,550.	850,841.
t As: d Bá	21	Total liabilities (Part X, line 26)		491,561.	168,765.
EN		Net assets or fund balances. Subtract line 21 from line 20		692,989.	682,076.
Pa	rt 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.

Sign	Signature of officer			Date			
Here	ALISON SINGER, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	YIGIT UCTUM, CPA	YIGIT UCTUM, C	CPA 11/15	/24 self-employed P01269549			
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-0974031			
Use Only	Firm's address 230 PARK AVE FL 3						
	NEW YORK, NY 1016	9-0005		Phone no. (212) 551-1724			
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	_HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

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Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	. X
1	Briefly describe the organization's mission: SEE SCHEDULE 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?	Yes	XNo
	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 If "Yes," describe these changes on Schedule O.	;?Yes	X No
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 ot revenue, if any, for each program service reported.	hers, the total expenses, and	d
4a	(Code:) (Expenses \$1, 044, 964. including grants of \$301, 347.) (Re	evenue \$	0.)
	IN 2023, ASF FUNDED 9 PRE- AND POST-DOCOTRAL GRANTS AND		TE
	RESEARCH GRANTS DEVELOPED NOVEL "PARTICIPATE IN RESE		ТО
	MATCH FAMILIES WITH STUDIES RECRUITING PARTCIPANTS.OVER SIGNED UP IN THE FIRST MONTH. UPGRADED OUR WEBSITE TO E		т
	THE NEEDS OF DIFFERENT AUTISM STAKEHOLDER GROUPS. LAUNC		
	AND OPENED UP AN OFFICE IN TORONTO. COLLECTED DONATIONS		•
	DISPLACED UKRANIAN CHILDREN WITH AUTISM. FUNDED FIRST F		1E
	WRIGHT ACCLERATOR GRANTS TO INCREASE THE PACE OF RESEAF	CH. DRAMATICAL	Γλ
	INCREASED FUNDING FOR THE BABY SIBLINGS RESEARCH CONSOF		
	GLOBAL LEADER IN "PROFOUND AUTISM" ADVOCACY AND FUNDED	THE FIRST EVER	٤
	GRANTS FOCUSED ON PROFOUND AUTISM.		
4b	(Code:) (Expenses \$ including grants of \$) (Re	vvenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses1,044,964.	Q(90 (2023)
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Form 990 (2023) AUTISM SCIENCE FOUNDATION Part IV Checklist of Required Schedules FOUNDATION

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V			- 22
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,		х	
	Part VI	11a	<u> </u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	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		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	37
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X 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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
1 4a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	000	(0000)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				0
				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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		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 Ac	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
Ua			6a		х
h			Ua		- 23
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gins	Ch		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the graphization receive a payment in graphic of C^{7} mode path as a contribution and path for goods and partly for goods and partly for goods and partly for goods and partly for goods.	viene provided to the powerQ	7-	х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
			7b	~	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_		v
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g		X
g					
h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	· •			
	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e 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	income?	16		Х
	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	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
_	If "Yes," complete Form 6069.				
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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			
	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	5		
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	<u> </u>		
•		3		x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
-		5		X
5				X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	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.)			
			Yes	No
10a	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		
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
· ·	on Schedule O how this was done	12c	х	
13		13	X	
14		14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-		150		x
	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	^	
	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	4.		v
	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 <u>NY</u>			
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)	availal	ble
	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, an	d finan	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			
332006	12-21-23	Forn	9 90	(2023)
	7			. /

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	ЭС
	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.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average hours per week	box	not c , unle:	ss pei	more rson i	than o s both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ALYCIA HALLADAY CHIEF SCIENCE OFFICER	40.00				x			204 770	0.	7 167
(2) CASEY GOLD-CASEY	40.00		-		<u> </u>			204,770.	0.	7,167.
DIRECTOR OF OPERATIONS	40.00					x		108,000.	0.	9,370.
(3) ALISON SINGER	40.00					1		100,000		5,5701
PRESIDENT		x		x				0.	0.	0.
(4) PAUL OFFIT	1.00									
BOARD MEMBER		х						0.	0.	0.
(5) JONAH ZIMILES	1.00									
TRESURER		Х		Х				0.	0.	0.
(6) SCOTT BADESCH	1.00									
CHAIR OF BOARD		Х		Х				0.	0.	0.
(7) BRYAN HARKINS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MICHAEL LEWIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JOSEPH JOYCE	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
		-								
		-								

332007 12-21-23

Form 990 (2023)

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2023.05000 AUTISM SCIENCE FOUNDATION 13511.81

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	990 (2023) AUTISM SC	IENCE F	'OU	ND	AT	ΊC	N			26-45	5223	809	Page 8
Pa	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		· ,	<u> </u>		
	(A) Name and title	(B) Average hours per week	box offic	not c , unle:	Pos heck i ss per	more rson i	than o s both r/trus	an	(D) (E) Reportable Reportab compensation compensat from from relate		on amount of d other		mated unt of her
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fror orgar and i	ensation n the nization related izations
	Subtotal								312,770.		0.	16	,537.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 312,770.		0.		<u>,537.</u> ,537.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			2 'es No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>				•			Ŭ	• •		[3	X
4 5	For any individual listed on line 1a, is the sum and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual	-		4	x
	rendered to the organization? <i>If "Yes," comp</i> tion B. Independent Contractors											5	X
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	ensati	on from	1
	(A) Name and business		<u>، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، </u>	NTTT					(B) Description of s	ervices	Co	(C) ompens	ation
	DBAL IMPACT TOURS, 630 TTE 1207, NEW YORK, NY		VE.	NU	е, 				EVENT CONSUL'	TANT		360	<u>,250.</u>
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos 1		ted	above) who received mo	pre than			
							_				F	orm 9	90 (2023)

332008 12-21-23

• (2023)

Form 99			NCE E	OUNDAT	ION		26-4522	309 Page
Part V	VIII	Statement of Revenue						
		Check if Schedule O contains a respor	nse or no	te to any line	e in this Part VIII	(B)	(0)	
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 51
ទុទ្ធ 1	1 a	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts L		Membership dues 1b						
5 d	с	Fundraising events 1c		771,367.				
	d	Related organizations 1d						
s, c Imil	е	Government grants (contributions) 1e						
rion S	f	All other contributions, gifts, grants, and						
n H		similar amounts not included above 1f		757,179.				
	g	Noncash contributions included in lines 1a-1f						
<u>ה כ</u>	h	Total. Add lines 1a-1f			1,528,546.			
	_			iness Code				
2 2	2 a							
Program Service Revenue	b							
E A	C A							
Be	d							
	f	All other program service revenue						
_		Total. Add lines 2a-2f						
3	3	Investment income (including dividends, in						
		other similar amounts)			17,569.			17,569
4	4	Income from investment of tax-exempt bor						
5	5	Royalties						
		(i) Real		Personal				
6	Зa	Gross rents 6a						
	b	Less: rental expenses 6b						
	с	Rental income or (loss) 6c						
	d	Net rental income or (loss)	<u></u>					
7	7 a	Gross amount from sales of (i) Securitie	ies (ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
evenue		and sales expenses 7b						
eve		Gain or (loss)						
μ.		Net gain or (loss)	. <u></u>					
Other	3 a	Gross income from fundraising events (not including \$ 771,367. of						
0		contributions reported on line 1c). See						
			8a	٥.				
	b	Less: direct expenses	8b	315,000.				
		Net income or (loss) from fundraising event			-315,000.			-315,00
ç		Gross income from gaming activities. See						
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming activities	s					
10) a	Gross sales of inventory, less returns		T				
		and allowances	10a					
	b		10b					
	с	Net income or (loss) from sales of inventory						
0			Bus	iness Code				
Miscellarieous Revenue L	1 a		_					
Bevenue	b		_					
Bev	c			0000	500			FA
<u>"</u>		All other revenue		0099	506.			500
2	~	Total. Add lines 11a-11d			506.			
2 12		Total revenue. See instructions			1,231,621.	0.	0.	-296,925

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Page **9**

26-4522309

Form 990 (2023)

AUTISM SCIENCE FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, a	8b, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	expenses
I	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	293,347.	293,347.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	8,000.	8,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
•	Benefits paid to or for members				
5	Compensation of current officers, directors,	211,937.	211,937.		
	trustees, and key employees	211,957.	211,957.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
,		243,852.	175,997.	60,632.	7,223
3	Other salaries and wages Pension plan accruals and contributions (include	2-5,052.	• • • • • • • •	00,032.	, , 44 J
,	section 401(k) and 403(b) employer contributions)	13,156.	10,267.	1 990	899
)	Other employee benefits	12,755.	9,954.	1,990. 1,929.	<u> </u>
,)	Payroll taxes	40,872.	35,150.	4,905.	817
	Fees for services (nonemployees):	10,0,20			
а	Management				
	Legal	4,170.		4,170.	
	Accounting	50,256.		50,256.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	121,712.	102,610.		19,102
2	Advertising and promotion	91,557.	71,557.	20,000.	
3	Office expenses	38,048.	14,334.	20,906.	2,808
ŀ	Information technology	19,393.	15,791.	3,602.	
5	Royalties				
;	Occupancy	43,141.	37,155.	5,131.	855
,	Travel	51,992.	51,526.	466.	
;	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	9,403.	7,339.	1,421.	643
	Insurance	963.		963.	
	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					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,254,554.	1,044,964.	176,371.	33,219
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2023)

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AUTISM SCIENCE FOUNDATION Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			86,812.	1	284,207.
	2	Savings and temporary cash investments			740,844.	2	204,593.
	3	Pledges and grants receivable, net			75,770.	3	48,095.
	4	Accounts receivable, net			,	4	
	5	Loans and other receivables from any current or			-		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif		-			
	_	· · · · · ·	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
ú	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		6 7	
Assets	8	Inventories for sale or use				8	
As	9				54,943.	9	32,242.
		Land, buildings, and equipment: cost or other				-	
		basis. Complete Part VI of Schedule D	10a	28,210.			
	ь	Less: accumulated depreciation		17,240.	20,374.	10c	10,970.
	11	Investments - publicly traded securities			91,834.	11	101,908.
	12	Investments - other securities. See Part IV, line 1			•	12	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		F		14	
	15	Other assets. See Part IV, line 11			113,973.	15	168,826.
	16	Total assets. Add lines 1 through 15 (must equa			1,184,550.	16	850,841.
	17	Accounts payable and accrued expenses	13,613.	17	25,265.		
	18	Grants payable	452,948.	18	132,500.		
	19	Deferred revenue	25,000.	19	11,000.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F			21		
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela	ted thi	F		23	
	24	Unsecured notes and loans payable to unrelated	I third p	parties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			491,561.	26	168,765.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			638,292.	27	587,076.
Ba	28	Net assets with donor restrictions			54,697.	28	95,000.
pu		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ę		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, o	or other funds		31	
Net	32	Total net assets or fund balances			692,989.	32	682,076.
	33	Total liabilities and net assets/fund balances	<u></u>		1,184,550.	33	850,841.
							Form 990 (2023)

Form **990** (2023)

Form	AUTISM SCIENCE FOUNDATION	26-4	4522309	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,231		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,254		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	<u>33.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			89.
5	Net unrealized gains (losses) on investments	5	12	2,01	20.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	682	2,0	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
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 Sche	dule O.			
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Total

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
2023
Open to Public Inspection

Name of the	organization
-------------	--------------

Name o	of the organization							r identification numbe
			FOUNDATION					6-4522309
Part	Reason for Public (Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instruction	S.	
The org	anization is not a private found	ation because it is: (For lines 1 through 12, cl	neck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(⁻	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990).)				
3	A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv).		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
6	A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A)	(v).		
7 X		•				.,	ne general i	oublic described in
	section 170(b)(1)(A)(vi). (C	-	······ F ···· · · · · · · · · · · · · ·	3			3	
8	A community trust describe		(1)(A)(vi), (Complete Par	· II)				
9	An agricultural research org				ed in conii	inction with a	land-grant	college
	or university or a non-land-	•			-		-	-
	university:	jan eenege er agne				,	ine eenege	
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membersh	ip fees, and	d aross receipts from
	activities related to its exen	• • • •					-	•
	income and unrelated busir							-
	See section 509(a)(2). (Co		(
11	An organization organized a		ivelv to test for public sat	etv. See	section 50	09(a)(4).		
12	An organization organized a	•					rrv out the	purposes of one or
	more publicly supported or	-	•	-			•	
	lines 12a through 12d that	-						
a	Type I. A supporting orga				-		-	giving
_	the supported organization	-	-	•	-			
	organization. You must o							
b	Type II. A supporting org	-		ion with it	s supporte	ed organizatio	n(s), by hav	/ing
	control or management o	-				-		-
	organization(s). You mus							
с [Type III functionally inte	-		in connec [.]	tion with, a	and functional	ly integrate	ed with,
	its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d [Type III non-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	zation generally must sat	sfy a distr	ibution red	quirement and	an attentiv	veness
	requirement (see instruct	ions). You must coi	mplete Part IV, Sections	A and D,	and Part	V .		
е [Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally integrated, or							
f Ei	nter the number of supported of	organizations						
g P	rovide the following informatior	n about the supporte						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions

Schedule A (Form 990) 2023

Part II

AUTISM SCIENCE FOUNDATION

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1036703.	1039203.	1515734.	1571449.	1664339.	6827428.
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	1036703.	1039203.	1515734.	1571449.	1664339.	6827428.
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)						329,545.
6	Public support. Subtract line 5 from line 4.						6497883.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1036703.	1039203.	1515734.	1571449.	1664339.	6827428.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	2,197.	1,451.	258.	5,623.	17,569.	27,098.
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	Total support. Add lines 7 through 10						6854526.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	234,357.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage			I	
	Public support percentage for 2023 (I					14	94.80 %
	Public support percentage from 2022					15	93.49 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{ \text{stop} here.}$ The organization qualifies		-				
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	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 o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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Schedule A	Form	990) 2023

AUTISM SCIENCE FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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-						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	• • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here	•					·
Sec	tion C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest						
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						
-	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 12-21-23			, , ,			(Form 990) 2023
			16				· · · · · · · · · · · · · · · · · · ·

AUTISM SCIENCE FOUNDATION

Yes No

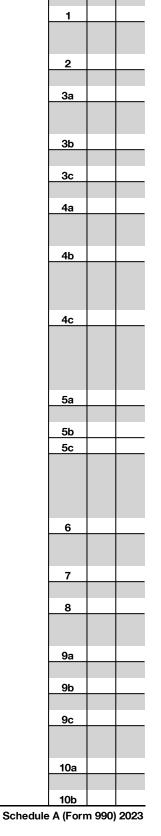
Part IV Supporting Organizations

(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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 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.)

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Schedule A (Form 990) 2023 AUTISM SCIENCE FOUNDATION

1

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Yes No

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supportir	ng Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations	5
--	---

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	tity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**

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.* 332025 12-21-23 Yes No
Yes No
Yes
No

Schedule A (Form 990) 2023

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	prization (see

AUTISM SCIENCE FOUNDATION

as a non-functionally integrated Type III supporting orga

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Section D - Distributions

3

Schedule A (Form 990) 2023

4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6		
7	Total annual distributions. 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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-	Excess from 2022				
е	Excess from 2023				

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

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

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1

2

3

Current Year

Schedule A	(Form 990) 2023	AUTISM	SCIENCE	FOUNDATIC	DN	26-4522309 _{Pa}	age 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4 lines 2 and 3; P	lc, 5a, 6, 9a, 9b, art IV, Section E	9c, 11a, 11b, an , lines 1c, 2a, 2b,	Part II, line 10; Part II, line 1 d 11c; Part IV, Section B, lin 3a, and 3b; Part V, line 1; F omplete this part for any ac	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,	
332028 12-21-2	3			21		Schedule A (Form 990)	2023

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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

(Form	990)	

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

26-4522309

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Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

Name of organization

Page 2 Employer identification number

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AUTISM SCIENCE FOUNDATION

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
		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$61,494.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023	3)
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Name of organization

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Employer identification number

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AUTISM SCIENCE FOUNDATION

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

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Schedule B (Fo	orm 990) (2023)		Page 4				
Name of organ	ization		Employer identification number				
AUTISM S	SCIENCE FOUNDATION		26-4522309				
Part III Ex			n 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
COL	npleting Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.)				
(a) No.	se duplicate copies of Part III if additional s						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
— —		[
		·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

Schedule B (Form 990) (2023)

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Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	ne of organization				Emplo	yer identification number
		SCIENCE FOUNDATIC				26-4522309
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c) of	or is a section 52	27 orga	anization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities				
		anization is exempt unde		*		
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	incurred by organization manage n 4955 tax, did it file Form 4720 f	rs under section 4955 or this year?		\$_	Yes No
				-		
	Enter the amount directly expended				\$_	
2	Enter the amount of the filing organ		•		•	
2	exempt function activities				\$_	
3					¢	
А	line 17b Did the filing organization file Form					Yes No
5	Enter the names, addresses, and en made payments. For each organiza contributions received that were pro- political action committee (PAC). If	tion listed, enter the amount paid omptly and directly delivered to a	from the filing organiz separate political orga	ation's funds. Also er anization, such as a se	nter the a	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			1			

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

Schedule C (Form 990) 2023	UTISM SCIE	NCE FOUNDAT	ION		1522309 Page 2
Part II-A Complete if the organ	nization is exe	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
	-		n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	, 0	,			
B Check if the filing organization	on checked box A a	nd "limited control" pro	ovisions apply.		
	on Lobbying Expe ures" means amo	nditures unts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)			
b Total lobbying expenditures to influe	nce a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add line					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lines 1c and 1c	d)			
f_Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or (bying nontaxable am			
not over \$500,000,	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000,0	00, \$100,0	00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,500	,000, \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,00	0,000, \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,	\$1,000	,000.			
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	or less, enter -0-				
i Subtract line 1f from line 1c. If zero o	r less, enter -0- 📖				
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ar?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations tha		01(h) election do not ate instructions for li		f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k)
of the lobbying activity.	Yes	No	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter 				
or referendum, through the use of:	x			
a Volunteers?	Δ	x		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?d Mailings to members, legislators, or the public?		X		
		X		
Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 	X			
	X		50	,000.
j Total. Add lines 1c through 1i				,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		х	50	,
 b If "Yes," enter the amount of any tax incurred under section 4912 				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).			Vee	Na
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				3 is
answered "Yes."			п <i>А</i> , ше	0, 13
Dues, assessments and similar amounts from members		1		
 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 				
expenses for which the section 527(f) tax was paid).	ai			
a Current year		2a		
b Carryover from last year				
c Total				
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3. 				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditures next year?		4		
 5 Taxable amount of lobbying and political expenditures. See instructions 				
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	,	,		
TAKI II-D, DINE I, DODDIING ACTIVITED.				
THE AUTISM SCIENCE FOUNDATION PARTICIPATED IN ACTIVITI	ES TO	EDUCA	ΓE	
	~~			
FEDERAL LEGISLATORS ABOUT THE AUTISM COLLABORATION, AC	COUNTZ	BILIT	Υ,	
RESEARCH, EDUCATION, AND SUPPORT ACT OF 2024, AKA THE	AUTISN	I CARE	S ACT	
OF 2024. THIS BILL REAUTHORIZES SEVERAL PROGRAMS THAT	SUPPOP	RT AUT	ISM	
EDUCATION, RESEARCH, AND RESOURCES. SPECIFICALLY, THE	BILL F	REAUTH	ORIZES	
		Schedu	le C (Form	990) 2023
332043 11-06-23				

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Schedule C (Form 990) 2023 AUTISM SCIENCE FOUNDATION	26-4522309	Page 4
Part IV Supplemental Information (continued)		
THROUGH FY2029 (1) THE DEVELOPMENTAL DISABILITIES SURVEILLAN	CE AND	
RESEARCH PROGRAM THAT IS ADMINISTERED BY THE CENTERS FOR DIS	EASE	
CONTROL AND PREVENTION; (2) ACTIVITIES ADMINISTERED BY THE D	EPARTMENT	
OF HEALTH AND HUMAN SERVICES (HHS) TO SUPPORT AUTISM RESEARC	Н,	
EDUCATION, EARLY DETECTION, AND INTERVENTION; AND (3) THE INT	TERAGENCY	
AUTISM COORDINATING COMMITTEE IN HHS. VOLUNTEERS AFFILIATED	WITH ASF	
MET WITH THEIR SENATORS AND REPRESENTATIVES (AND CONGRESSION	AL STAFF)	
TO SHARE STORIES ABOUT THEIR EXPERIENCES WITH AUTISM. ASF HI	RED A	
LOBBYIST TO COORDINATE THESE MEETINGS AND TO KEEP US APPRISE	D OF	
PROGRESS ON THE BILL.		

Department of the Treasury

(Form	990)
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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.



Employer identification number 26-4522309

Internal Revenue Service Name of the organization

AUTISM SCIENCE FOUNDATION

Par			or Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) [ide and other appaulate
		(a) Donor advised funds	(b) Fur	ids 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 Did the organization inform all donors and donor advisors in v	writing that the appets hold in dense advised	d fundo	
5	-	-		
6	are the organization's property, subject to the organization's of Did the organization inform all graptice, denore, and denore			Yes No
6	Did the organization inform all grantees, donors, and donor are for charitable purposes and not for the benefit of the donor of			
		donor advisor, or for any other purpose co	°,	
Par				
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreat		historically	important land area
	Protection of natural habitat	Preservation of a		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	f a conserva	tion easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а			2a	
b				
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included on line 2c acqui			
ŭ	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			during the tax
Ŭ	year	cased, exangelence, or terminated by the e	ngamzation	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per			
Ŭ	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
•				interne dannig tite year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easemen	ts during the year
		5		5 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4	4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that desc	cribes the
	organization's accounting for conservation easements.	C C		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sl	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	therance of	public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of pul	blic 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 trea			e
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23			. ,
		21		

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Sche		SCIENCE FOU							2309		age 2
Par	t III Organizations Maintaining C	ollections of Art	, Hist	torical Tre	easures, o	r Other S	Similar As	ssets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, chec	k any of the f	following that	t make sigr	ificant use o	of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	hey further th	ne organizatio	on's exemp	t purpose in	Part X	Ш.		
5	During the year, did the organization solicit o	r receive donations of	fart, h	istorical treas	sures, or othe	er similar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements Complete	e if the	organizatior	n answered "'	Yes" on Fo	rm 990, Par	t IV, line	e 9, or		
	reported an amount on Form 990, Pa			•							
1a	Is the organization an agent, trustee, custodi	an, or other intermedi	ary for	r contributior	ns or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
							1e				
f											
2a	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										No
	If "Yes," explain the arrangement in Part XIII.					-					Ī
Par											
	·	(a) Current year		Prior year	(c) Two yea) Three years	back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ŭ											
f	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr	L I I I I I I I I I I I I I I I I I I I	(lino 1	a column (a)) hold as:						
2	Board designated or quasi-endowment			y, column (a	jj nelu as.						
a h	Permanent endowment	%	_70								
U O		% %									
C		· -									
2-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ion the	at are hold ar	ad administa	ad for the					
Ja		ssion of the organizat		al are neiù ai					Г	Yes	No
	organization by:								20(1)	100	
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
D A	Describe in Part XIII the intended uses of the								3b		L
Par	t VI Land, Buildings, and Equipm	<u>u</u>	ment	iunus.							
	Complete if the organization answere		Part I	V. line 11a. S	See Form 990	. Part X. lin	e 10.				
	Description of property	(a) Cost or ot			t or other		umulated		(d) Booł	valu	
	Description of property	basis (investm		• •	(other)		eciation	· ·	(u) BOOr	valu	C
10	Land)	20010	()	Goph					
	Land										
	Buildings										
	Leasehold improvements										
	Equipment			 2	8,210.	1	L7,240.		1 () 0'	70.
	Other							•			70.
Iotal	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	, line 1	10c, column	<u>(B))</u>					-	
							Sch	eaule L	D (Form	390)	2023

332052 09-28-23

Schedule D (Form 990) 2023 AUTISM SCIENCE FOUNDATION
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Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	5,175.
(2) DUE FROM AUTISM SCIENCE FOUNDATION - CANADA	163,651.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	168,826.
Part X Other Liabilities	
Complete if the organization answered "Yes" 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)	

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

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) 2023

332053 09-28-23

(6) (7) (8)

Sche	dule D (Form 990) 2023 AUTISM SCIENCE FOUNDATION		26-4522309 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

						OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	ctions	and t	ne latest information	n.	F aran January Jal	
Name of the organization	AUTISM	SCIENCE FOUNDATION					26-4522	
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
	complete this par	t. sed funds through any of the followir	na activ	itios (Check all that apply			
a Mail solicitat	-		-		overnment grants			
b Internet and	email solicitations				nment grants			
c 📃 Phone solici		g 🔀 Special	l fundra	lising	events			
d X In-person so								
		or oral agreement with any individual				tees,	or X Ye	
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			•	ne fur		
compensated at le	•	. ,.		ugrooi				
			(;;;)	Did		60	Amount paid	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribi	aiser ustody itrol of	(iv) Gross receipts from activity	tò (c	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
GLOBAL IMPACT TOURS			Yes	No				
26TH ST STE. 402, 1	NEW YORK,	EVENT CONSULTING		X	771,367.		360,250	. 411,117.
Tatal					771,367.		360,250	111 117
		on is registered or licensed to solicit			,	it is a		· · ·
or licensing.	ion the organizatio		CONTINUE		or has been notified	11 13 1	exemptitioniti	egistration
NY								
For Paperwork Reducti	ion Act Notice se	ee the Instructions for Form 990 or	990-F	7.			Schedu	le G (Form 990) 2023
		FOR CONTINUATIONS					Conodu	

LHA 332081 09-13-23

AUTISM SCIENCE FOUNDATION

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 WALL STREET RIDES	(b) Event #2 DANCE WITH STARS	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	734,052.	37,315.		771,367
	2	Less: Contributions	734,052.	37,315.		771,367
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
herises	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages	4,581.			4,581
키	8	Entertainment				
		Other direct expenses		2,693.		310,419
	10	Direct expense summary. Add lines 4 throug				315,000
	11	Net income summary. Subtract line 10 from	line 3, column (d)			-315,000
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue				
ISES		Cash prizes				
Direct Expenses	3	Noncash prizes				
LIFEC	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1. column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
	Ent	er the state(s) in which the organization cond	ucts gaming activities:			
а	Ent Is t		ucts gaming activities: _ ctivities in each of these	states?		Yes No
a b	Ent Is t If "I We	er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	ucts gaming activities: _ uctivities in each of these evoked, suspended, or te	states?		
a b a	Ent Is t If "I We	ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	ucts gaming activities: _ uctivities in each of these evoked, suspended, or te	states?		

Sch	edule G (Form 990) 2023	AUTISM	SCIENCE	FOUNDATION		26-4	522309	9 Page 3
11	Does the organization conduct ga	aming activities	with nonmembe	rs?			Yes	No
	Is the organization a grantor, ben							
	to administer charitable gaming?						Yes	🗌 No
13	Indicate the percentage of gaming							
а	The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of th							
	Name							
	Address							
15a	Does the organization have a con	tract with a thir	d party from who	om the organization r	eceives gaming revenue?		Yes	No No
							. —	
b	If "Yes," enter the amount of gam	ina revenue rec	eived by the ord	anization \$	and the ar	nount		
	of gaming revenue retained by the							
с	If "Yes," enter name and address							
-			- , .					
	Name							
	Address							
16	Gaming manager information:							
	0 0							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
			_					
	Director/officer	Employee	e L	Independent cont	tractor			
17	Mandatory distributions:							
а	Is the organization required under	r state law to ma	ake charitable di	stributions from the	gaming proceeds to			
							└── Yes	No
b	Enter the amount of distributions	•		distributed to other e	xempt organizations or spent	in the		
De	organization's own exempt activit							
Pa			-		t I, line 2b, columns (iii) and (v); and Par	t III, lines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Als	o provide any a	dditional information.	See instructions.			
c C		T TNE 2D			גמתואוים הדגם שמי	тарра		
<u>sc</u>	HEDULE G, PART I,	LINE 2D	<u>, LISI (</u>	r ien highi	151 PAID FUNDRA	TOERO	•	
(I) NAME OF FUNDRAI	GEB. CI.O	ВАТ. ТМОА					
<u>\ </u>	/ NAME OF FUNDAL	JER. GLO	DAU IMIA					
(I) ADDRESS OF FUND	RATSER	127 W 26	TH ST STE.	402 NEW YORK	NY	10001-	-6870
<u>\ </u>	, ADDIALDO OL LONDA		12/ W 20		402, NUM 10MM,	111	10001	0070
33208	33 09-13-23					Schedu	le G (Forn	n 990) 2023
				25				

Part IV Supplemental Information (continued)	
Sch	nedule G (Form 990)

SCHEDULE I (Form 990)	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.										
Department of the Treasury	•	5	Attach to Form				Open to Public				
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection				
Name of the organization AUTISM SC	IENCE FOU	NDATION					Employer identification number $26-4522309$				
Part I General Information on Grants a	nd Assistance										
 Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						on XYes No				
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	zations and Domestic	Governments. C	Complete if the orga	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any				
1 (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 noncash assistance	(h) Purpose of grant or assistance				
YALE UNIVERSITY 150 MUNSON STREET, 3RD FLOOR, 25 SCIENCE PARK, P.O. BOX 208327 - NEW HAVEN,	06-0646973	501 (C)(3)	7,500.	0.			ACCELERATOR GRANT				
UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - 104 AIRPORT DRIVE - CHAPEL HILL, NC 27599	56-6001393	501 (C)(3)	39,000.	0.			PRE-DOC AND UNDERGRADUATE GRANT				
JOHNS HOPKINS: SCHOOL OF MEDICINE 733 N. BROADWAY, SUITE 117 BALTIMORE, MD 21205	52-0595110	501 (C)(3)	50,000.	0.			POST-DOC GRANT				
BROWN UNIVERSITY 164 ANGELL STREET, BOX 1877 PROVIDENCE, RI 02912	05-0258809	501 (C)(3)	35,000.	0.			PRE-DOC GRANT				
RUTGERS UNIVERSITY 33 KNIGHTSBRIDGE ROAD PISCARAWAY, NJ 08854	22-6001086	501 (C)(3)	35,000.	0.			PRE-DOC GRANT				
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	STATE OF CA	50,000.	0.			POST-DOC GRANT				
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		•	e line 1 table				<u> </u>				

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

Schedule I (Form 990) 2023

AUTISM SCIENCE FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other			and Domestic Go	vernments (Sche	edule I (Form 990). Pa		10-4522509 P
(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
NIVERSITY OF CALIFORNIA, LOS NGELES - 1889 WILSHIRE BLVD.,	95 6006143	STATE OF CA	60,000	0			
UITE 700 - LOS ANGELES, CA 90095 EHIGH UNIVERSITY 06 SOUTH NEW STREET #451 ETHLEHEM, PA 18015	24-0795445		60,000.	0.			POST-UNDERGRAD GRANT ACCELERATOR GRANT

Schedule I (Form 990)

Schedule I (Form 990) 2023

AUTISM SCIENCE F	OUNDATION
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26-4522309

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BSRC DATABASE - GREGORY S. YOUNG, PH.D.11356					
WILLOW VALLEY RD., NEVADA CITY, CA 95959	1	8,000.	0.		

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

PART I, LINE 2:

THE ORGANIZATION REQUIRES BOTH A MID-TERM AND END-OF-GRANT REPORT FROM ALL

GRANT RECIPIENTS. IN ADDITION, THE ORGANIZATION MONITORS PUBLICATIONS AND

PUBLIC PRESENTATIONS BY ITS GRANT RECIPIENTS. GRANT RECIPIENTS PARTICIPATE

IN VIDEO INTERVIEWS FOR THE ORGANIZATION'S WEBSITE AND CONTRIBUTE BLOG

POSTS ABOUT THE PROGRESS OF THEIR WORK AND ITS VALUE TO FAMILIES.

SCHEDULE J	CHEDULE J						
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n n)		
	Compensated Employees		20	Ľ٦)		
Department of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Name of the organization			identificatio		nber		
	AUTISM SCIENCE FOUNDATION	26-4	452230	9			
Part I Question	ns Regarding Compensation						
				Yes	No		
	riate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	, line 1a. Complete Part III to provide any relevant information regarding these items.						
First-class or	charter travel Housing allowance or residence for perso	nal use					
Travel for cor							
	cation and gross-up payments Health or social club dues or initiation fee						
Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)					
•	on line 1a are checked, did the organization follow a written policy regarding payment or						
	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
-	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
trustees, and onic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3 Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's						
•	ector. Check all that apply. Do not check any boxes for methods used by a related organization						
	sation of the CEO/Executive Director, but explain in Part III.	01110					
	compensation consultant						
	other organizations	ommittee					
	······································						
4 During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a r	elated organization:						
a Receive a severan	ce payment or change-of-control payment?		4a		X		
b Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		4b		X		
c Participate in or re	ceive payment from an equity-based compensation arrangement?		4c		X		
If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
contingent on the			_		v		
a The organization?			<u>5a</u>		X		
	zation?		<u>5</u> b		X		
	or 5b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation not complete a structure of the section of th	DEL					
contingent on the			0-		x		
a The organization?			<u>6a</u>		X		
	zation? or 6b, describe in Part III.		<u>6b</u>				
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
-	nes 5 and 6? If "Yes," describe in Part III		7		x		
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
			8		x		
	did the organization also follow the rebuttable presumption procedure described in		····· V				
	n 53.4958-6(c)?		9				
	tion Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2023		
	•				-		

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Schedule J (Form 990) 2023

Page 2

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

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

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

			/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ALYCIA HALLADAY	(i)	204,770.	0.	0.	7,167.	0.	211,937.	0.	
CHIEF SCIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

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 J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



26-4522309

AUTISM SCIENCE FOUNDATION

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

45

GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

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

Schedule O (Form 990) 2023

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.CANDID.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.

46

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SCHEDULE	R
(= 000)	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 26 - 4522309

Department of the Treasury Internal Revenue Service

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

Name of the organization

AUTISM SCIENCE FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	ction entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
AUTISM SCIENCE FOUNDATION - CANADA							
18 KING STREET EAST, SUITE 1400					AUTISM SCIENCE		
TORONTO, CANADA	SUPPORT AUTISM RESEARCH	CANADA			FOUNDATION	X	
	-						
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 AUTISM SCIENCE FOUNDATION

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partn	^{ll or} Percentage ^{jing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1	1	1			1		I	1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?						
		country)						Yes	No						
									<u> </u>						
									<u> </u>						
								'							

Schedule R (Form 990) 2023 AUTISM SCIENCE FOUNDATION

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

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? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Sale of assets to related organization(s) Sale of assets to related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)	1b 1c 1d 1d 1e		X X X X X	
Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)	1b 1c 1d 1d 1e		X X X	
Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)	1b 1c 1d 1d 1e		2 2	
Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)			Σ	
Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)	1d 1e 1f		_	
Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)			2	
Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)	<u>1f</u>	-		
Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)	10	\perp	Z	
Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)	······	\bot	2	
Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)			2	
Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)				
Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)		-	2	
Performance of services or membership or fundraising solicitations by related organization(s)	1k		2	
	11		2	
	1m			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				
Sharing of paid employees with related organization(s)		-	2	
Reimbursement paid to related organization(s) for expenses	1p		2	
Reimbursement paid by related organization(s) for expenses		X	_	
Other transfer of cash or property to related organization(s)	1r		2	
Other transfer of cash or property from related organization(s)				
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AUTISM SCIENCE FOUNDATION - CANADA	Q	163,651.	INVOICED AMOUNTS
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 AUTISM SCIENCE FOUNDATION

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)	(e Are partner 501(c org: Yes	all rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn) ging ter?	(k) Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

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Part VII Supplemental Information

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

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