				** PU	BLIC 1	DIS	CLOSURE	c co	PY **						
	0	00	Return	of Org	janiza	tio	n Exem	pt F	From	Incor	ne Tax	(OMB No. 1545-0047		
For	пY	90	Under section 50									2021			
			Do n	ot enter soc	ial securit	ty num	bers on this	s form	as it may	be made	be made public. Open to Pu				
		of the Treasury enue Service	► Go	to www.irs	.gov/Form	1990 f	or instructio	ns and	d the lates	st informa	ation.		Inspection		
AF	or th	e 2021 calend	ar year, or tax year	beginning	JUL	1,	2021	and	ending	JUN 3	30, 202	22			
B c	heck if pplicab	le: C Name or	f organization							D Em	ployer ider	ntificati	on number		
	Addre chang Name		NIZATION F	OR AUT	ISM R	ESE	ARCH			╡,					
	chang Initial	ge Doing b	usiness as						.		54-2062				
	returr Final		and street (or P.O. I		ot delivered	to stre	et address)		Room/suit 401		ephone nun		710		
	returr termi	n-	WILSON BL						401 		(703)24	±3-9	2,688,909.		
	ated Amer	ided ADTT	own, state or provin NGTON, VA		and ZIP of	r toreig	n postal coc	le			ss receipts \$	n ratur			
	returr Appli		nd address of princi		RISTE	N M	ESSE	x			s this a grou or subordina				
	tion pend		AS C ABOVE								re all subordina				
1 1	ax-ex	empt status:		501(c) () 🖌 (i	nsert n	0) 494	7(a)(1)	or 52	- · ·			. See instructions		
			RESEARCHAU					<u>(u)(1)</u>			Group exem				
			X Corporation	Trust	Associat	ion	Other 🕨		L Yea				tate of legal domicile: VA		
	art I	Summary							•			•			
	1	Briefly describ	e the organization's	mission or r	nost signif	icant a	activities: S	EE	PART	III,	LINE 1	- •			
Governance															
rna	2	Check this bo	x 🕨 if the o	rganization d	liscontinue	ed its c	perations or	dispos	sed of mor	re than 25	5% of its net	assets	i.		
ove	3		ting members of the	• •			,					3	13		
	4		lependent voting me									4	13		
es	5		otal number of individuals employed in calendar year 2021 (Part V, line 2a)						5	14					
iči	6		of volunteers (estim									6	50		
Activities &			d business revenue									<u>7a</u>	0.		
	b	Net unrelated	business taxable in	come from F	orm 990-T	, Part	l, line 11	<u></u>	<u></u>			<u>7b</u>	0.		
		O I I I I							-		<u>or Year</u> 599,180	-	Current Year 2,532,454.		
ne	8		and grants (Part VII							, t	1,829		1,359.		
Revenue	9	•	ce revenue (Part VII come (Part VIII, colu								12,844		13,948.		
Be	10		e (Part VIII, column (_	18,973		-251,048.		
	12		- add lines 8 throug								594,880		2,296,713.		
	13		nilar amounts paid								235,438		454,692.		
	14		to or for members (F			4)).	0.		
Ś	40	-	r compensation, em							6	592,810		786,578.		
Ise	16a		undraising fees (Par).	0.		
Expenses	Ь		ing expenses (Part I				21	9,4	94.						
ш	17	Other expense	es (Part IX, column (A), lines 11a	11d, 11f-2	.4e)					10,905		545,267.		
	18	Total expense	s. Add lines 13-17 (i	must equal P	art IX, colu	umn (A), line 25) 💠				339,159		1,786,537.		
	19	Revenue less	expenses. Subtract	line 18 from	line 12						355,721		510,176.		
Net Assets or Fund Balances									E		of Current Ye		End of Year		
sset	20	Total assets (F									295,138		3,594,970.		
et A:	21		(Part X, line 26)								<u>366,282</u>		654,030.		
		Net assets or Signature	fund balances. Sub	tract line 21	from line 2	0				2,4	28,856	0.	2,940,940.		
	art II			aminad this	turn indus	ling oct	omnonvina	bodula	o and atata	nonte ord	to the best -	fmiler	window and halisf it is		
	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.														
u ue	LOILE		. Declaration of prepar	u (undi indii	UTILET / 18 D	αδού ΟΙ				oi iiao aiiy	Knowleuge.				
Sig	n	Signatur	e of officer								Date				
Her		· ·	TEN M. ESS	EX. EX	ECUTI	VE I	DIRECTO	DR							
	-		print name and title	,											
					-					Data	Oh I		DTIN		

	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	RICHARD J. LOCASTRO, CPA	Rectard Jr. Locastro	05/12/2023 self-employed P00288314			
Preparer	r Firm's name ► GELMAN, ROSENBERG & FREEDMAN ⁰ Firm's EIN ► 52-1392008					
Use Only	y Firm's address 🖕 4550 MONTGOMERY AVE SUITE 800N					
	BETHESDA, MD 20814-2930 Phone no. 301-951-9090					
May the IRS discuss this return with the preparer shown above? See instructions X Yes No						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	ORGANIZATION FOR AUTISM RESEARCH	54-2062167	Page 2
I U	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	<u></u>	<u> L</u>
	TO FUND RESEARCH AND EDUCATE INDIVIDUALS AND THE GENERAL	J PUBLIC ABOU	<u>r</u>
	AUTISM BY PROVIDING EVIDENCE-BASED INFORMATION DRAWN FRO		N
	VARIOUS FORMS AND FORUMS: WEBINARS, OUTREACH, PRINTED MA		
	WEBSITE, ELECTRONIC FORUMS, SOCIAL MEDIA, AND A MONTHLY	E-NEWSLETTER	•
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •	ıd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$670,015. including grants of \$10,948.) (Reve		359.)
	INFORMATION: INFORMED AND PROVIDED EVIDENCE-BASED RESOUR		
	PARENTS, FAMILIES, EDUCATORS, AND OTHER CONSUMERS IN THE	AUTISM	
	COMMUNITY. THE MAJOR COMPONENTS ARE: OAR'S WEB SITE, WWW.RESEARCHAUTISM.ORG; THE OARACLE, OAR'S MONTHLY E-NEW	VSLETTER; THE	
	"LIFE JOURNEY THROUGH AUTISM" SERIES, CONSISTING OF NINE		<u> </u>
	COMMUNITY-FRIENDLY AUTISM RESOURCE GUIDES; THE MILITARY		
	INITIATIVE, OPERATION AUTISM, WWW.OPERATIONAUTISM.ORG; T		N
	THE SCHOOL HOUSE"; AND HIRE AUTISM ADULT EMPLOYMENT INIT	IATIVES.	
4b	(Code:) (Expenses \$505,139. including grants of \$278,666.) (Reve RESEARCH: RESEARCH ENCOMPASSED THE WORK OF OAR'S SCIENTI) A C
	IT PERTAINS TO THE DIRECTION AND SELECTION OF OAR 5 SCIENTI		<u> </u>
	STUDIES, FUNDING RESEARCH AND GENERAL OVERSIGHT OF THE F		
	PROGRAM.		
4c	(Code:) (Expenses \$261,869. including grants of \$165,078.) (Reve	nue \$)
	EDUCATION: FORMAL STRUCTURED EDUCATIONAL FORUMS AND FORM		
	CONFERENCES, SEMINARS, AND WORKSHOPS ON A SPECIFIC TOPIC		D
	WEB-BASED OR PRINTED MATERIALS DESIGNED ALONG THE SAME I		
	COLLEGE/VOCATIONAL SCHOLARSHIPS FOR AUTISTIC INDIVIDUALS FISCAL YEAR, OAR CONTINUED ITS WEBINAR PROGRAM TO PROVID		5
	RESEARCH AND SUBJECT MATTER EXPERTS PRESENTING ON TOPICS		
	INTEREST TO THE AUTISM COMMUNITY.		
4d	Other program services (Describe on Schedule O.)		
A :	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,437,023.))	<u> </u>
<u>4e</u>	Total program service expenses ► 1,437,023.	Eorm Q	90 (2021)
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.52007	2		
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Form	990	(2021)

 Form 990 (2021)
 ORGANIZATION
 FOR
 AUTISM
 RESEARCH

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X 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 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 X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	- 11	<u> </u>
IZd		100	х	
h	Schedule D, Parts XI and XII	<u>12a</u>	- 23	
U		106		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a		14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	140		<u> </u>
U	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			<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 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		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations 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>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	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?	1c	Х	
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Form	990 (2021) ORGANIZATION FOR AUTISM RESEARCH 54-2062	167	D	age 5
Par		107	Га	ige •
			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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	any contributions that were not tax deductible as charitable contributions?			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the				7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	lired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	e			
	sponsoring organization have excess business holdings at any time during the year?		N/A	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?		N/A	9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 $_{ m N/A}$	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041?)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	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				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					

16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A17

If "Yes," complete Form 6069. 132005 12-09-21

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Form	990	(2021)
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ORGANIZATION FOR AUTISM RESEARCH

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

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X

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.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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 13			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	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			
	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	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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			
	KRISTEN M. ESSEX - (703)243-9717			
	2111 WILSON BLVD., SUITE 401, ARLINGTON, VA 22201			
			ן 990	

Form 990 (2021)	ORGANIZATION FOR AUTISM RESEARCH	54-2062167 Page /				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employees, and Independent Contractors						
Check if S	Schedule O contains a response or note to any line in this Part VII					
Section A. Officers,	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Complete this tabl	le 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	Enter -0- in columns (D), (E), and (F) if no compensation was paid.					

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				recio	i/irus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) MICHAEL MALONEY	60.00									
EXECUTIVE DIRECTOR				Х				114,652.	0.	3,000.
(2) JAMES M. SACK	4.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) LORI LAPIN JONES	1.00									
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(4) MARIE JOHNSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) LIZ CAVALIERE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ROBERTO DATORRE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) WILLIAM DONLON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ANTHONY FERRERA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) PETER GERHARDT	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LISA HUSSMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) GREGORY SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CATHY SCHWALLIE FARMER	1.00									_
DIRECTOR		Х						0.	0.	0.
(13) STEPHEN SHORE	1.00									_
COMMUNITY REPRESENTATIVE		Х						0.	0.	0.
(14) JOSEPH THOMAS	1.00									_
DIRECTOR		Х						0.	0.	0.
		I								000

132007 12-09-21

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	90 (2021) ORGANIZAT	TION FOR	A	UT	ΊS	M	RE	SE	EARCH	54-20	<u>62</u>	167	Pa	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Fs	timate	ed
		hours per					than o s both		compensation	compensation	n		nount	
		week					or/trust		from	from related	I		other	
		(list any	tor						the	organizations	I		pensa	tion
		hours for	direc				P		organization	(W-2/1099-MIS			om the	
		related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	-		anizati	
		organizations	ruste	al tru:		/ee	mper		1099-NEC)			•	d relate	
		below	dual t	ltion	_	lold	st co iyee	5	,				nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
			-		0	Ť	9 1 9	4						
											\rightarrow			
											$ \rightarrow $			
											-			
											\rightarrow			
											_			
1b \$	Subtotal								114,652.		0.		3,00	
c 1	otal from continuation sheets to Part VI	I, Section A							0.		0.			Ο.
d 1	Total (add lines 1b and 1c)								114,652.		0.		3,00	00.
	otal number of individuals (including but n							o re	eceived more than \$100	000 of reportable				
	compensation from the organization						,							1
													Yes	No
•									1		ſ		100	
	Did the organization list any former officer,	-		•	•			Ŭ	• • •					37
	ne 1a? If "Yes," complete Schedule J for s										ļ	3		X
4 F	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
a	and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	dule	Jf	or such individual		[4		Х
	Did any person listed on line 1a receive or a													
	endered to the organization? If "Yes." com										- 1	5		х
	on B. Independent Contractors	piele Schedule	2010	JISL		JEIS	011 .					Ŭ		
	•	manatedia	o		.		- 6 -			100 000 -1		ior f		
	Complete this table for your five highest co	-									ensat	ion tro	om	
t	he organization. Report compensation for	the calendar ye	ear e	endir	ig w	rith c	or wi	thin		ear.				
	(A)								(B)		_	(C		
	Name and business	address	N	ONE	6				Description of s	ervices		omper	nsatior	า
								-+						
								-+						
_								Τ			_			
2 7	otal number of independent contractors (ii	ocluding but a	at lin	nitor	1 + ~ ·	thee		ted	above) who received m	ore than				
		0	л III	met	10	(105		eu	above, who received mo					
	100,000 of compensation from the organiz					C	,						000	
												Form	990 (2	2021)

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			2021) ORG	ANIZA	TION	FOR AUTIS	SM RESEARCH	ł	54-2062	167 Page 9
Par	rt V		Statement of Rev							
			Check if Schedule O c	contains a	response	or note to any line		(B)	(C)	(D)
							(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
S G	1	2	Federated campaigns		1a	110,654.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
ງ ເ			Fundraising events		1c	717,157.				
ifts Ir A			Related organizations		1d					
nila,			Government grants (contri		1e	133,249.				
ŝ	1		All other contributions, gifts,							
buti			similar amounts not included		1f	1,571,394.				
d	9	g	Noncash contributions included in I	lines 1a-1f	1g \$					
aSo		h	Total. Add lines 1a-1f			►	2,532,454.			
						Business Code				
e	2 8	а	MERCH. & PUBLICATION	IS		900099	1,359.	1,359.		
e vic	I	b								
enu Se		с								
leve		d								
Program Service Revenue		е								
ā			All other program service r							
			Total. Add lines 2a-2f				1,359.			
	3		Investment income (includ				12 049			12 049
			other similar amounts)				13,948.			13,948.
	4		Income from investment o							
	5		Royalties) Real	(ii) Personal				
	6	~	Gross rents	6a	/ near					
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)							
			Gross amount from sales of		ecurities	(ii) Other				
		-	assets other than inventory	7a						
	I	b	Less: cost or other basis							
e			and sales expenses	7b						
venue			Gain or (loss)	7c						
0			Net gain or (loss)							
Other R	8 8	а	Gross income from fundraisin	ng events (r	not					
₿			including \$	717,157.	of					
			contributions reported on	,						
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from t			····· ►	-256,819.			-256,819.
	9 :	а	Gross income from gaming	-						
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from g							
	10		Gross sales of inventory, le							
			and allowances Less: cost of goods sold							
			Net income or (loss) from s							
		-				Business Code				
snc	11 :	а	OTHER INCOME			900099	5,771.			5,771.
nec		b								
Miscellaneous Revenue		c								
lisc B			All other revenue							
2			Total. Add lines 11a-11d				5,771.			
	12		Total revenue. See instructio				2,296,713.	1,359.	0.	-237,100.
132009	9 12-0	09-2	21				_			Form 990 (2021)

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ORGANIZATION FOR AUTISM RESEARCH Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>70,</u> 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	286,693.	286,693.		
2	Grants and other assistance to domestic	200,055.	200,055.		
2	individuals. See Part IV, line 22	161,000.	161,000.		
3	Grants and other assistance to foreign	101/0000	101/0001		
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	6,999.	6,999.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	120,500.	108,450.	6,025.	6,025
6	Compensation not included above to disqualified	220,0000			0,020
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	521,122.	378,931.	3,877.	138,314
8	Pension plan accruals and contributions (include	,	,		
-	section 401(k) and 403(b) employer contributions)	18,779.	13,829.	183.	4.767
9	Other employee benefits	72,676.	55,157.	<u>183.</u> 1,110.	<u>4,767</u> 16,409
10	Payroll taxes	53,501.	40,604.	817.	12,080
11	Fees for services (nonemployees):	00,0010	10,0010		
a	Management				
b	Legal				
c	Accounting	36,228.		36,228.	
d	Lobbying	,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	50.		50.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	43,364.	39,541.	75.	3,748
12	Advertising and promotion	<u>43,364</u> . 9,336.	4,586.		<u>3,748</u> 4,750
13	Office expenses	181,989.	124,152.	49,670.	8,167
14	Information technology	24,086.	23,356.	365.	365
15	Royalties	,			
16	Occupancy	142,532.	122,650.	2,776.	17,106
17	Travel	10,363.	7,525.	421.	2,417
18	Payments of travel or entertainment expenses				,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,691.	2,322.	10.	359
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,793.	5,980.	7,481.	332
23	Insurance	4,616.	3,692.	462.	462
24	Other expenses. Itemize expenses not covered	·			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	C.C. PROCESSING FEES	66,229.	45,181.	18,076.	2,972
b	REGISTRATIONS	10,017.		1,265.	8,752
c	REPAIRS & MAINTENANCE	4,487.	3,592.	446.	449
d	GIFTS	2,282.	1,557.	623.	102
	All other expenses	-6,796.	1,226.	60.	-8,082
25	Total functional expenses. Add lines 1 through 24e	1,786,537.	1,437,023.	130,020.	219,494
26	Joint costs. Complete this line only if the organization	, . ,	, , , ,	,	- ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				
			1	1	Earm 990 (202

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Form 990 (2021)

	990 (2	2021) ORGANIZATION FOR AUTISM RESEARC	Н	54-	2062167 Page 11
га		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	7,204.	1	11,476.
	2	Savings and temporary cash investments	2,223,658.	2	2,593,476.
	3	Pledges and grants receivable, net	61,095.	3	73,677.
	4	Accounts receivable, net	02,000	4	
	5	Loans and other receivables from any current or former officer, director,			
	ľ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		J	
		(1, 2, 2)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	75,855.	8	57,061.
Ass	9	Prepaid expenses and deferred charges	245,001.	9	171,039.
-		Land, buildings, and equipment: cost or other	21370010	3	1/1/0000
	104	basis. Complete Part VI of Schedule D 10a 331,141.			
	h	Less: accumulated depreciation	17,864.	10c	109,023.
	11	Investments - publicly traded securities	16,876.	11	22,469.
	12	Investments - other securities. See Part IV, line 11	2070700	12	===,==;
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1,200.	14	1,200.
	15	Other assets. See Part IV, line 11	646,385.	15	555,549.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,295,138.	16	3,594,970.
	17	Accounts payable and accrued expenses	42,611.	17	63,975.
	18	Grants payable	,•	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ilidi		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	133,249.	24	
	25	Other liabilities (including federal income tax, payables to related third	•		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	690,422.	25	590,055.
	26	Total liabilities. Add lines 17 through 25	866,282.	26	654,030.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,856,254.	27	2,486,918.
Bal	28	Net assets with donor restrictions	572,602.	28	454,022.
pu		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
μĻ		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	2,428,856.	32	2,940,940.
	33	Total liabilities and net assets/fund balances	3,295,138.	33	3,594,970.

Form 990 (2021)

	990 (2021) ORGANIZATION FOR AUTISM RESEARCH	54-2	2062167	Pa	_{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				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,29	<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,78		
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,428	3,8	56.
5	Net unrealized gains (losses) on investments	5		1,9	08.
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	2,94),9	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	Yes	No
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

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

Name o	f the organization	NT7AUTON E			T			identification number $4-2062167$	
Part I			OR AUTISM RE			ee instruction		4-2002107	
							5.		
1	anization is not a private found					I)(A)(i)			
2	 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 								
3	A hospital or a cooperative				(h)(1)(A)(ii	::)			
4	A medical research organiz						(iii) Enter	the hospital's name	
-	city, and state:		ijuneton with a nospital	acsenbed	III Sectio			the hospital s hame,	
5	An organization operated f	or the benefit of a col	leae or university owned	l or operati	ed by a do	vernmental ur	nit describe	n he	
5	section 170(b)(1)(A)(iv). (lege of university owned		ca by a go				
6	A federal, state, or local go		ental unit described in	section 17	70(h)(1)(A)	(v)			
7 X		-					e general r	oublic described in	
•	section 170(b)(1)(A)(vi). (C			onn a gore			o gonorar i		
8	A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research or				ed in coniu	inction with a	land-arant	college	
	or university or a non-land-								
	university:						C C		
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from	
	activities related to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment	
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)							
11 🗌	An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12	An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	rry out the	purposes of one or	
	more publicly supported or	rganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 5	5 09(a)(3). (Check the box on	
_	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
a	Type I. A supporting orga		-	• • •	-				
	the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting	
	organization. You must	-							
b _	Type II. A supporting org								
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted	
. Г	organization(s). You mus	•						-1 M-	
c L	Type III functionally inte	•					y integrate	a with,	
a [its supported organizatio						tod organi-	ration(a)	
d L	Type III non-functionally that is not functionally in								
	requirement (see instruct	0	c ,				anallenin	611655	
_	Check this box if the org	,	•				I Type III		
	functionally integrated, o					19901, 19901	i, iype iii		
f Er	ter the number of supported			0 0					
	ovide the following informatio	•							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
Total									
						I		1	

ORGANIZATION FOR AUTISM RESEARCH

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1718935.	1769283.	1725061.	1699180.	2532454.	9444913.	
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	1718935.	1769283.	1725061.	1699180.	2532454.	9444913.	
	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)						455,264.	
6	Public support. Subtract line 5 from line 4.						8989649.	
	ction B. Total Support						00000100	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	1718935.	1769283.	1725061.	1699180.	2532454.	9444913.	
8	Gross income from interest,		2,052000	1,100011				
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	11,848.	15,475.	15,245.	12,844.	13,948.	69,360.	
•	Net income from unrelated business	11,040.	13,173.	13,243.	12,011	13,540.	05,5001	
9								
	activities, whether or not the					0.		
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital				8,551.	5,771.	1/ 322	
44	assets (Explain in Part VI.)				0,331.	5,1110	<u>14,322.</u> 9528595.	
	Total support. Add lines 7 through 10		(ma)			12	5,661.	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	•	,		·····		5,001.	
13								
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2021 (I			olump (f))		14	94.34 %	
			•	.,,		15	<u>94.34</u> % 89.27 %	
	Public support percentage from 2020 33 1/3% support test - 2021. If the o							
108								
Ŀ	stop here. The organization qualifies		-		line 15 in 00 1/00/		······································	
D	33 1/3% support test - 2020. If the conductor have The exception much							
47.	and stop here. The organization qual				10 10 10			
1/a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	-			-	7		
b	10% -facts-and-circumstances test	-					IU% Or	
	more, and if the organization meets the							
40	organization meets the facts-and-circu		•		• •			
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	, check this box a			
						Schedule A	(Form 990) 2021	

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ORGANIZATION FOR AUTISM RESEARCH 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	check this box and stop here	<u></u>					
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2021 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
1320	23 01-04-22					Schedule A	A (Form 990) 2021
			15				

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ORGANIZATION FOR AUTISM RESEARCH

Yes No

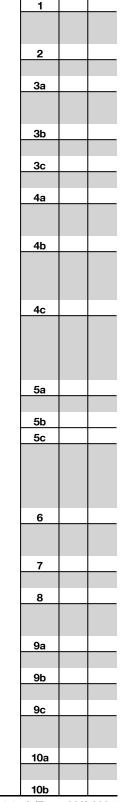
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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) 2021

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ORGANIZATION FOR AUTISM RESEARCH 54-2062167 Page 5 Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI. 11c

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	N

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

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- 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 e	entity.	Describe in Part VI how	you supported a	governmental entity	(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.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2021

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Schedule A	(Form 990)	2021
DertV	Turne III	Ner

ORGANIZATION FOR AUTISM RESEARCH

1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI) See instruction
•	All other Type III non-functionally integrated supporting organizations mus		•	
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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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 integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

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ORGANIZATION FOR AUTISM RESEARCH

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continu	ied)	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.				
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 2021 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	ORGANIZATION	FOR AUT	rism i	RESEARCH		54-2062167	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provide the exp , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a lines 2 and 3; Part IV, Secti	anations requ , 9b, 9c, 11a,	iired by Pa 11b, and	art II, line 10; Par 11c; Part IV, Sec	tion B, lines 1	17b; Part III, line 12; and 2; Part IV, Section	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E, lir	nes 2, 5, and 6	, 2a, 20, 3 3. Also cor	mplete this part f	or any addition	al information.	rt v,
132028 01-04-2	2						Schedule A (Form 9	90) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

5				
	ORGANIZATION	FOR	AUTISM	RESEARCH

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private 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 \dots \blacktriangleright \$

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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

(a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 201,866. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 133,249. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 105,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 100,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 96,869. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 6 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.)

ORGANIZATION FOR AUTISM RESEARCH

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2021)

123452 11-11-21

17480512 745960 24852

Employer identification number

54-2062167



(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
$-\equiv$		\$	
(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
		\$	
123453 11-11-21			Schedule B (Form 990) (2021)

23

ORGANIZATION FOR AUTISM RESEARCH

Schedule B (Form 990) (2021) Name of organization

> (a)

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

17480512 745960 24852

Schedule B (Form 990) (2021)

2021.05080 ORGANIZATION FOR AUTISM R 24852__1

54-2062167

Employer identification number

Schedule	B (Form 990) (2021)			Page 4
Name of c	organization			Employer identification number
ORGAN	IZATION FOR AUTISM RESP	EARCH		54-2062167
Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described in s	ntry For organizations	0) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	· less for the year. (Enter this info	b. once.) ▶ \$
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address,	and ZIP + 4	Relationship of	transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
Part I		(0) 000 01 gint		
		(e) Transfer of gi		
	Transferee's name, address,	and ZIP + 4	Relationship of	transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		· · · · · · · · · · · · · · · · · · ·		
		·		
		-		
		(e) Transfer of gi	ft	
	Transferee's name, address,	and ZIP + 4	Relationship of	transferor to transferee
_				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D ^r	escription of how gift is held
Part I	(-,	(1)		J
		·		
		(e) Transfer of gi	 ft	
	Transferee's name, address,	and ZIP + 4	Relationship of	transferor to transferee
123454 11-1	1-21			Schedule B (Form 990) (2021)

24 2021.05080 ORGANIZATION FOR AUTISM R 24852__1

(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.



Department of the Treasury Internal Revenue Service

Name of the organization

ORGANIZATION FOR AUTISM RESEARCH

Employer identification number 54-2062167

Par			Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)		
4	Aggregate value of grants norm (during year)		
5	Did the organization inform all donors and donor advisors in v		nde
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor o		
			·
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (for example, recrea		torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) abov		,
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements to	hat describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
19	If the organization elected, as permitted under FASB ASC 95		alance sheet works
14	of art, historical treasures, or other similar assets held for put	-	
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		ce sheet works of
	art, historical treasures, or other similar assets held for public		
	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		
	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) 2021
	10-28-21		
		25	

2021.05080 ORGANIZATION FOR AUTISM R 24852__1

Sche		ATION FOR A						54-20			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historic	al Tre	asures, oi	r Other	r Simila	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any	of the f	ollowing that	make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loar	n or exc	hange progra	am					
b	Scholarly research	е									
с	Preservation for future generations										
4											
5	During the year, did the organization solicit o		-		-						
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran). Part IV.			
	reported an amount on Form 990, Pai							-,,-			
1a	Is the organization an agent, trustee, custodi		arv for contr	ibution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?		-						Yes		No
h	If "Yes," explain the arrangement in Part XIII									L	
			owing table.						Amount		
с	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Par							10.				
		(a) Current year	(b) Prior		(c) Two year			years back	(e) Four	vears	back
1a	Beginning of year balance	72,842.		2,121.	71	L,407.	. ,	70,700.			000.
b	Contributions	, -		, .		, -		,		,	
° C	Net investment earnings, gains, and losses	728.		721.		714.		707.			700.
d	Grants or scholarships			· •		•					
	Other expenditures for facilities										
e											
	and programs										
	Administrative expenses End of year balance	73,570.	72	2,842.	72	2,121.		71,407.		70	700.
g 2	End of year balance Provide the estimated percentage of the curr	,		,		.,•		/_,			
2	Board designated or quasi-endowment	• 0000	%	unnin (a)) Helu as.						
a b	Permanent endowment ►0000	%									
0	100	⁹⁰									
С	The percentages on lines 2a, 2b, and 2c sho	, -									
20	Are there endowment funds not in the posse		tion that are	hold or	d administor	od for th	o organiz	ation			
Ja		ssion of the organiza	lion that are	neiu ai			e organiz	allon	Г	Yes	No
	by: (i) Unrelated organizations								3a(i)		X
									3a(i)		X
Ь	(ii) Related organizations										- 23
4	Describe in Part XIII the intended uses of the								30		L
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		Part IV, line	11a. S	ee Form 990	Part X	line 10.				
	Description of property	(a) Cost or of			or other		ccumulat	od		c volu	
	Description of property	basis (investm			(other)	• •	preciation		(d) Bool	valu	e
10	Land	· · · · ·		54010							
	Land										
b	Buildings							<u> </u>			
	Leasehold improvements										
	Equipment			22	1,141.		222,1	18	100	0	23.
	Other		/ aal			4	, T	<u>+ • • • </u>			<u>23.</u> 23.
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	<u>k, column (B</u>	<u>), line 1</u>	JC.)			Paka dut			
								Schedule	rorm) ע	1 990)	2021

Complete if the organization answered "Yes"			
(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, col. (B) line 12.)			
Complete if the organization answered "Yes"	on Form 000 Dart IV line	11a Saa Form 000 Bart V lina 12	
			of yoor moriest value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DEPOSITS	· ·		21,088.
(1) DITOSTIS (2) RIGHT OF USE ASSET			528,412
			6,049
			0,049
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>; 15.)</u>	>	555,549.
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) LEASE LIABILITY			590,055
(3)			
(4)			
(5)			
(6)			
(7)			
\' <i>\</i>			
(8)			
			590,055.

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

Schedule D (Form 990) 2021

17480512 745960 24852

ORGANIZATION FOR AUTISM RESEARCH Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

edule D (Form 990) 2021 ORGANIZATION FOR AUTISM RE			2062167 Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a							
Total revenue, gains, and other support per audited financial statements			1	2,311,461.			
Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
Net unrealized gains (losses) on investments	2a						
Donated services and use of facilities	2b	12,890.					
Add lines 2a through 2d			2e	14,798.			
Subtract line 2e from line 1			3	2,296,663.			
Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	50.					
Other (Describe in Part XIII.)	4b						
Add lines 4a and 4b			4c	50.			
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,296,713.			
rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	letur	n.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a							
Total expenses and losses per audited financial statements							
			1	1,799,377.			
Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,799,377.			
		12,890.	1	1,799,377.			
Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	1,799,377.			
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	1,799,377.			
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1				
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	12,890.	1 2e	12,890.			
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	12,890.					
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	12,890.	2e	12,890.			
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	12,890.	2e	12,890.			
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	12,890.	2e	12,890. 1,786,487.			
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	<u>12,890.</u> 50.	2e	<u>12,890.</u> 1,786,487. 50.			
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	<u>12,890.</u> 50.	2e 3	12,890. 1,786,487.			
	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Reconciliation of Revenue per Audited Financial Statements With F Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Image: Network Park Stress Image: Network Park Stress <th< th=""><th>Image: Construct of the state of the st</th></th<>	Image: Construct of the state of the st			

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.

PART V, LINE 4:

Ю	ENDOW PROGRAM	SUPPORT	FOR	OAR '	S	GRADUATE	RESEARCH	GRANTS	PROGRAM	AND
---	---------------	---------	-----	-------	---	----------	----------	--------	---------	-----

OTHER OAR PROGRAMS GEARED TOWARDS SERVING PERSONS WITH AUTISM.

PART X, LINE 2:

FOR THE YEAR ENDED JUNE 30, 2022, OAR HAS DOCUMENTED ITS CONSIDERATION OF

FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING

UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN

TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

132054 10-28-21

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Schedule D		
	Cumple	

Fart All Supplemental mornation (continued)	
	Schedule D (Form 990) 202
	Schedule D (Form 990) 202

	al Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and the latest	information.	1	Inspection
Nam	e of the organization					Employer id	entification number
OR	GANIZATION F		RESEARCI	I		54-2062	2167
Pa	rt I General Inf	ormation on A	ctivities Out	side the United States. Comple	te if the organ	ization answer	red "Yes" on
-	Form 990, Part			Comple	to in the organ		
1			n maintain record	ds to substantiate the amount of its grar	nts and other a	assistance,	
				he selection criteria used to award the g			X Yes No
•		ooribo in Dort \/ th	o organization's	executives for monitoring the use of its	areasta and att	har agaistanaa	autaida tha
2	United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistance	outside the
3		The following Par	t I, line 3 table ca	n be duplicated if additional space is ne	eded.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		specific type	investments
			in the region	recipients located in the region)	of service	(s) in the regior	n in the region
	Subtotal		0				0.
b	Total from continuatio		0				0.
~	sheets to Part I Totals (add lines 3a	-					0.
U	and 3b)	0	0				0.

Statement of Activities Outside the United States
 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

132071 12-20-21

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

SCHEDULE F (Form 990)

Department of the Treasury

Schedule F (Form 990) 2021

ORGANIZATION FOR AUTISM RESEARCH

54-2062167

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		EUROPE	RESEARCH	6,999.	WIRE	0.			
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax								
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
3 Enter total number of	Enter total number of other organizations or entities 0 Schedule F (Form 990) 2021								

Page 2

Schedule F (Form 990) 2021	ORGANIZATION	FOR	AUTISM	RESEARCH	

54-2062167

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

Page 3

Schedule F			ORGANIZATION	FOR	AUTISM	RESEARCH
Part IV	Foreigr	າ Forms	6			

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

Schedule F (Form 990) 2021

132074 12-20-21

ORGANIZATION	FOR	AUTISM	RESEARCH	54-2062167	Page 5
I Information					

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

PART I, LINE 2:

Schedule F (Form 990) 2021

Part V | Supplemental Information

THE GRANT FUNDS ARE PAID AFTER A GRANT AGREEMENT HAS BEEN REACHED AND

SIGNED BY BOTH THE GRANTOR (OAR) AND THE GRANTEE (RECEIVING

ORGANIZATION). ONCE THE GRANT AGREEMENT IS SIGNED BY A SPECIALIST FROM

THE GRANTEE'S FINANCIAL DEPARTMENT, THE GRANT FUNDS ARE DISBURSED TO THE

GRANTEE UNDER THE PROVISIONS THAT THE FUNDS ARE ONLY RELEASED TO THE

RESEARCHER FOR EXPENDITURES THAT HAVE BEEN SPECIFIED IN AN AGREED-UPON

BUDGET AS STATED IN THE GRANT AGREEMENT.

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					DMB No. 1545-0047			
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2021	
Attack to Form 000 or Form 000 E7							Open to Public	
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru				on.		Inspection
Name of the organization		ATION FOR AUTISM R	ESEZ	ARCI	ł		Employer ide 54-2062	ntification number 167
	sing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether the a Ail Solicitation Mail Solicitation Internet and C Phone Solicitation Phone Solicitation In-person solicitation Did the organization key employees list 	e organization rais tions l email solicitations itations blicitations on have a written c ted in Form 990, P 0 highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total		I						
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedule	e G (Form 990) 2021

ORGANIZATION FOR AUTISM RESEARCH

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1 RUN FOR AUTISM	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Revenue	1	Gross receipts	852,534.			852,534.
	2	Less: Contributions	717,157.			717,157.
	3	Gross income (line 1 minus line 2)	135,377.			135,377.
	4	Cash prizes				
_ I	5	Noncash prizes	24,707.			24,707.
xpense	6	Rent/facility costs	201,536.			201,536.
Direct Expenses	7	Food and beverages				
_ I	8	Entertainment				
	9	Other direct expenses				165,953.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	392,196.
	<u>11</u> rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization				-256,819.
Revenue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ве́	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses	Yes %	Yes %	Yes%	
	6	Volunteer labor	□ 100 // □ No	□ /// □ No	□ 103 //	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming ac No," explain:				Yes No
		re any of the organization's gaming licenses re Yes," explain:				Yes No
2082	2 10	-21-21			Sche	edule G (Form 990) 2021

Schedule G (Form 990) 2021	ORGANIZATION FOR AUTISM RESEARCH	54-2062167 Page 3
11 Does the organization conduct ga	aming activities with nonmembers?	Yes No
	eficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes No
13 Indicate the percentage of gaming		
	· · · ·	13a %
	e person who prepares the organization's gaming/special events books and records	
Name 🕨		
Address 🕨		
15a Does the organization have a cor	tract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gam	ning revenue received by the organization \blacktriangleright \$ and the amount	unt
of gaming revenue retained by th	e third party ▶\$	
c If "Yes," enter name and address	of the third party:	
Name 🕨		
Address 🕨		
16 Gaming manager information:		
Nome		
Name 🕨		
Gaming manager compensation	► \$	
Description of services provided		
	·	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
	r state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?		Yes No
	required under state law to be distributed to other exempt organizations or spent in	1 the
organization's own exempt activi Part IV Supplemental Infor	ties during the tax year ▶ \$ mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
	s applicable. Also provide any additional information. See instructions.	
132083 10-21-21	37	Schedule G (Form 990) 2021

Schedule G	G (Form 990)
Dart IV	Quantan

Part IV	Supplemental Information	(continued)
		Schedule G (Form 990)

SCHEDULE I (Form 990)	Go	arants and Oth vernments, and	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
	Compl	ete if the organizatio	n answered "Yes" Attach to For	,	rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization ORGANIZA	TION FOR A	UTISM RESEA	RCH				Employer identification number $54-2062167$
Part I General Information on Grants							
1 Does the organization maintain records							
criteria used to award the grants or ass 2 Describe in Part IV the organization's p	sistance?	oring the use of grant	funda in tha Unitar	l Stataa			X Yes No
2 Describe in Part IV the organization's p Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990. Parl	t IV. line 21. for any
recipient that received more than	-						,
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
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVE NW							
WASHINGTON, DC 20010	52-1654453	501(C)(3)	8,000.	0.			RESEARCH GRANT
CSU FULLERTON 2600 NUTWOOD AVE, STE 275 FULLERTON, CA 92831	95-2081258	501(C)(3)	25,000.	0.			RESEARCH GRANT
HUGO W. MOSER RESEARCH INSTITUTE 707 N BROADWAY BALTIMORE, MD 21205	52-1524967	501(C)(3)	45,284.	0.			RESEARCH GRANT
MAY INSTITUTE, INC. 41 PACELLA PARK DR RANDOLPH, MA 02368	04-2197449	501(C)(3)	25,000.	0.			RESEARCH GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - PO BOX 415026 - BOSTON, MA 02241	47-2613531	501(C)(3)	24,599.	0.			RESEARCH GRANT
NORTHERN ARIZONA UNIVERSITY PO BOX 4080 FLAGSTAFF, AZ 86011	86-0193726	501(C)(3)	15,000.	0.			RESEARCH GRANT
2 Enter total number of section 501(c)(3)	0	,	e line 1 table				13.
3 Enter total number of other organizatio	ns listed in the line 1	I table					

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ORGANIZATION FOR AUTISM RESEARCH Schedule I (Form 990) .

Page 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 non-cash assistance	(h) Purpose of grant or assistance
UTGERS UNIVERSITY, NEW BRUNSWICK 3 KNIGHTSBRIDGE RD							
ISCATAWAY, NJ 08854	23-7318742	501(C)(3)	9,990.	0.			RESEARCH GRANT
OSTON UNIVERSITY 95 COMMONWEATLH AVE, STE 700 WEST OSTON, MA 02215	04-2103547	501(C)(3)	25,000.	0.			RESEARCH GRANT
NIVERSITY OF ALABAMA OX 870100							
USCALOOSA, AL 35487-0100	63-6001138	501(C)(3)	25,000.	0.			RESEARCH GRANT
NIVERSITY OF DELAWARE 0 LOVETT AVE EWARK, DE 19716	51-6000297	501(C)(3)	25,000.	0.			RESEARCH GRANT
NIVERSITY OF MARYLAND OLLEGE PARK OLLEGE PARK, MD 20742	52-6002033		25,000.	0.			RESEARCH GRANT
NIVERSITY OF NC AT CHAPEL HILL 04 AIRPORT DR # CB1270	52-0002055	501(0)(3)	23,000.				RESEARCH GRANT
HAPEL HILL, NC 27599	59-1711424	501(C)(3)	25,000.	0.			RESEARCH GRANT
UTGERS UNIVERSITY, NEW BRUNSWICK 3 KNIGHTSBRIDGE RD							
ISCATAWAY, NJ 08854	23-7318742	501(C)(3)	15,000.	٥.			RESEARCH GRANT

Schedule I (Form 990)

THE GRANT AGREEMENT.

ORGANIZATION FOR AUTISM RESEARCH Schedule I (Form 990) 2021

Part III can be duplicated if additional space is needed.

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

(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance SCHOLARSHIPS 52 161,000, 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:

Part III

THE GRANT FUNDS ARE PAID AFTER A GRANT AGREEMENT HAS BEEN REACHED AND

SIGNED BY BOTH THE GRANTOR (OAR) AND THE GRANTEE (RECEIVING ORGANIZATION).

ONCE THE GRANT AGREEMENT IS SIGNED BY A SPECIALIST FROM THE GRANTEE'S

FINANCIAL DEPARTMENT, THE GRANT FUNDS ARE DISBURSED TO THE GRANTEE UNDER

THE PROVISIONS THAT THE FUNDS ARE ONLY RELEASED TO THE RESEARCHER FOR

EXPENDITURES THAT HAVE BEEN SPECIFIED IN AN AGREED-UPON BUDGET AS STATED IN

54-2062167

Page 2

Schedule I (Form 990) ORGANIZATION FOR AUTISM RESEARCH	54-2062167 Page 2
Part IV Supplemental Information	
THE SCHOLARSHIP APPLICATION, REVIEW, AND SELECTION PROCES	S INCLUDES PROOF
OF AUTISM DIAGNOSIS AND ENROLLMENT. SCHOLARSHIPS ARE PAIL) IN TWO
INSTALLMENTS WITH A VERIFICATION OF CONTINUED ENROLLMENT	BEFORE ISSUANCE OF
THE SECOND AND FINAL INSTALLMENT.	

PART II:

TOTAL GRANTS TO ORGANIZATIONS DETAILED ON SCHEDULE I, PART II SUMS TO

\$292,873. FORM 990, PART IX, LINE 1 REPORTS \$286,693. THE DIFFERENCE IS

DUE TO GRANTS LESS THAN THE REPORTING THRESHOLD, AND (\$22,447) OF

REFUNDED GRANTS INCLUDED IN THIS AMOUNT.

Schedule I (Form 990)

132291 04-01-21

SCHEDULE O (Form 990)

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.

 Department of the Treasury

 Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

ORGANIZATION FOR AUTISM RESEARCH

Employer identification number 54 - 2062167

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

THE ORGANIZATION DOES NOT HAVE COMMITTEES OR SUB-COMMITTEES.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED JOINTLY

BY THE EXECUTIVE DIRECTOR AND CHAIRMAN. A COPY OF THE 990 WAS SENT TO THE

ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

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

THE STAFF AND THE BOARD OF DIRECTORS ARE REQUIRED TO ANNUALLY SIGN A

CONFLICT OF INTEREST POLICY STATEMENT. IF AN ISSUE IS A CONFLICT OF

INTEREST, AS DECIDED BY THE BOARD, THE BOARD MEMBER DOES NOT PARTICIPATE IN

THE DISCUSSION OF THE PROGRAMS, GRANT, OR MOTION BEING CONSIDERED AND DOES

NOT VOTE ON THE ISSUE.

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

THE CHAIRMAN CONDUCTS A PRIVATE REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION ON AN ANNUAL BASIS AND NOTIFIES THE BOARD IN THE EVENT ANY ISSUES OR CONCERNS ARISE DURING SUCH REVIEW. THIS YEAR'S REVIEW TOOK PLACE IN JANUARY 2022. THE EXECUTIVE DIRECTOR'S SALARY FALLS JUST UNDER THE MEDIAN FOR NONPROFITS OF COMPARABLE BUDGET, STAFF SIZE, LOCATION, INDUSTRY, AND POSITION BASED ON GUIDESTAR'S ANNUAL NONPROFIT COMPENSATION STUDY AND PAYSCALE SALARY REPORTS, WWW.PAYSCALES.COM.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

<u>CA, FL, IL, MD, MA, MI, NJ, NY, NC, PA, RI, UT</u>, VA, WI

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lame of the organization	Employer identification number
ORGANIZATION FOR AUTISM RESEARCH	54-2062167
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION POSTS ITS MOST RECENT AUDIT AND FORM 990	ON ITS WEBSITE,
WW.RESEARCHAUTISM.ORG, AND PROVIDES COPIES TO ANYONE UPON	REQUEST. THE
DRGANIZATION ALSO MAKES ITS GOVERNING DOCUMENTS AND CONFLI	CT OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.	