

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024
Open to Public Inspection

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable:

Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization

NEXT FOR AUTISM, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1177 AVE. OF THE AMERICAS, 5TH FL.

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10036

F Name and address of principal officer: STEVEN J. KANTOR
SAME AS C ABOVE

D Employer identification number

57-1136147

E Telephone number

212-759-3775

G Gross receipts \$ 1,762,089.

H(a) Is this a group return for subordinates? Yes ☒ No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.NEXTFORAUTISM.ORG

K Form of organization: ☒ Corporation Trust Association Other

L Year of formation: 2002

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: STRATEGICALLY DESIGN/LAUNCH INNOVATIVE PROGRAMS TO IMPROVE THE LIVES OF PEOPLE LIVING WITH ASD.
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 18
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 11
6 Total number of volunteers (estimate if necessary) 6 18
7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,398,885.	1,694,780.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,560.	52,196.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-120,393.	-25,689.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,348,052.	1,721,287.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	587,680.	842,531.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,766,881.	1,614,467.
16a Professional fundraising fees (Part IX, column (A), line 11e)	70,000.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 534,111.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	470,036.	419,050.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,894,597.	2,876,048.
19 Revenue less expenses. Subtract line 18 from line 12	-546,545.	-1,154,761.

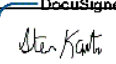
Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,029,586.	2,979,393.
21 Total liabilities (Part X, line 26)	170,208.	274,776.
22 Net assets or fund balances. Subtract line 21 from line 20	3,859,378.	2,704,617.

Part II Signature Block

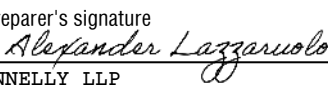
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer 
Type or print name and title STEVEN KANTOR, Treasurer

Date 11/14/2025

Paid

Preparer's name ALEXANDER LAZZARUOLO
Preparer's signature 
Date 11/13/2025
Check if self-employed ☐
PTIN P01775353

Preparer Use Only

Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP
Firm's address ONE BATTERY PARK PLAZA, 7TH FL.
NEW YORK, NY 10004
Firm's EIN 13-3628255
Phone no. 212-661-7777

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form **990** (2024)

Part III Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission:
NEXT FOR AUTISM TRANSFORMS THE NATIONAL LANDSCAPE OF SERVICES FOR PEOPLE WITH AUTISM BY STRATEGICALLY DESIGNING, LAUNCHING, AND SUPPORTING INNOVATIVE PROGRAMS. WE BELIEVE THAT INDIVIDUALS WITH AUTISM DESERVE TO LIVE FULFILLING, PRODUCTIVE LIVES, SUPPORTED BY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code:) (Expenses \$ 584,500. including grants of \$ 584,500.) (Revenue \$)
COMMUNITY GRANTS: NEXT PROVIDED GRANTS TO ORGANIZATIONS THAT COVER A BROAD SPECTRUM OF AUTISM AND OTHER RELATED DISABILITIES SERVICES LOCATED THROUGHOUT THE COUNTRY. THE COMMUNITY GRANTS ARE FUNDED BY PROCEEDS RAISED DURING THE 2023 NEXT FOR AUTISM'S NIGHT OF TOO MANY STARS COMEDY EVENT. IN 2024, NEXT AWARDED A TOTAL OF \$584,500 IN GRANTS TO 24 ORGANIZATIONS.

4b

(Code:) (Expenses \$ 188,638. including grants of \$ 174,000.) (Revenue \$)
COLOR THE SPECTRUM COMMUNITY GRANTS: THE COMMUNITY GRANTS SUPPORT THE TRANSITION FROM SCHOOL TO ADULTHOOD IN THE FOLLOWING THREE AREAS: HOME, WORK AND SOCIAL. IN 2024, NEXT AWARDED A TOTAL OF \$174,000 IN GRANTS TO 7 ORGANIZATIONS ACROSS 7 STATES, ALL OF WHICH WERE AUTISTIC-LED.

4c

(Code:) (Expenses \$ 91,481. including grants of \$ 82,281.) (Revenue \$)
NEXT FOR AUTISM FELLOWS - IN 2023, NEXT LAUNCHED A NATIONAL SCHOLARSHIP PROGRAM FOR STUDENTS AND PROFESSIONALS INTERESTED IN WORKING WITH AUTISTIC AND NEURODIVERGENT ADULTS. THE PROGRAM PROVIDES FINANCIAL SCHOLARSHIPS TO QUALIFIED STUDENTS WHILE ALSO ENSURING NEW DSPS ENTER THE WORKPLACE TO SUPPORT AUTISTIC ADULTS. IN 2024, NEXT PROVIDED GRANTS TO 23 FELLOWS ACROSS THREE LOCATIONS. THE FELLOWS DEDICATED 10,790 HOURS TO THE DIRECT SUPPORT PROFESSIONAL (DSP) WORKFORCE, STRENGTHENING THE CAPACITY OF AGENCIES WHILE GAINING HANDS-ON EXPERIENCE IN NEUROAFFIRMING SUPPORT.

4d

Other program services (Describe on Schedule O.)
(Expenses \$ 1,286,651. including grants of \$ 1,750.) (Revenue \$ 7,625.)

4e

Total program service expenses 2,151,270.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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):		
a 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
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
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?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	22
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
	3b		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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 payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	N/A	
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	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
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	N/A	13a
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
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.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	N/A	17

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18		
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	16		
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 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) 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:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS

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) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
AMY WALLACE - 212-759-3775
1177 AVE. OF THE AMERICAS, 5TH FL., NEW YORK, NY 10036

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GILLIAN LEEK PRESIDENT, CEO	40.00			X				269,499.	0.	42,025.
(2) PAMELA COHEN CHIEF DEVELOPMENT OFFICER	40.00				X			180,000.	0.	6,240.
(3) AMY WALLACE CFO	32.00			X				157,631.	0.	5,514.
(4) ABBY JAYROE SVP, STRATEGIC OPERATIONS	40.00				X			153,827.	0.	5,455.
(5) HOLLY WAINWRIGHT VP MARKETING & COMMUNICATION	40.00				X			144,900.	0.	4,773.
(6) KELLY FLEMING SR. DIRECTOR, DEVELOPMENT	40.00				X			106,467.	0.	15,353.
(7) LAURA SLATKIN CO-CHAIR	2.50	X		X				0.	0.	0.
(8) MICHELLE SMIGEL CO-CHAIR	2.50	X		X				0.	0.	0.
(9) STEVEN KANTOR TREASURER	2.00	X		X				0.	0.	0.
(10) MICHAEL AUERBACH SECRETARY	1.00	X		X				0.	0.	0.
(11) JEN CLARK BOARD MEMBER	1.00	X						0.	0.	0.
(12) SHARON CUNNINGHAM BOARD MEMBER	1.00	X						0.	0.	0.
(13) KAREN SIFF EXKORN BOARD MEMBER	1.00	X						0.	0.	0.
(14) DOUG HERZOG BOARD MEMBER	1.00	X						0.	0.	0.
(15) TOMMY HILFIGER BOARD MEMBER	1.00	X						0.	0.	0.
(16) JIM HOGAN BOARD MEMBER	1.00	X						0.	0.	0.
(17) ARLENE MAIDMAN BOARD MEMBER	1.00	X						0.	0.	0.

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HARRY SLATKIN BOARD MEMBER	1.00	X						0.	0.	0.
(19) BELLANCA SMIGEL RUTTER BOARD MEMBER	1.00	X						0.	0.	0.
(20) DAVID SCHWARTZBAUM BOARD MEMBER	1.00	X						0.	0.	0.
(21) ROBERT SMIGEL BOARD MEMBER	1.00	X						0.	0.	0.
(22) JOHN STEWART BOARD MEMBER	1.00	X						0.	0.	0.
(23) TRACEY STEWART BOARD MEMBER	1.00	X						0.	0.	0.
(24) CHRISTOPHER WALLACE BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,012,324.	0.	79,360.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,012,324.	0.	79,360.

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
	NONE		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	168,154.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,526,626.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f						1,694,780.
Program Service Revenue				Business Code				
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			52,196.			52,196.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 168,154. of contributions reported on line 1c). See Part IV, line 18		8a	7,488.			
					8b			
	b	Less: direct expenses						
	c	Net income or (loss) from fundraising events			-33,314.			-33,314.
	9 a	Gross income from gaming activities. See Part IV, line 19		9a				
					9b			
	b	Less: direct expenses						
	c	Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less returns and allowances		10a	11.			
					10b			
	b	Less: cost of goods sold						
	c	Net income or (loss) from sales of inventory			11.	11.		
Miscellaneous Revenue				Business Code				
	11 a	OTHER		900099	7,614.	7,614.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			7,614.			
12	Total revenue. See instructions			1,721,287.	7,625.	0.	18,882.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	842,531.	842,531.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	474,669.	328,136.	41,309.	105,224.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	927,573.	641,055.	80,771.	205,747.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,944.	4,119.	514.	1,311.
9 Other employee benefits	106,873.	74,057.	9,251.	23,565.
10 Payroll taxes	99,408.	68,884.	8,605.	21,919.
11 Fees for services (nonemployees):				
a Management				
b Legal	342.	342.		
c Accounting	39,563.	31,314.	4,648.	3,601.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	129,487.	4,827.	28,232.	96,428.
12 Advertising and promotion	11,063.	6,548.	17.	4,498.
13 Office expenses	27,882.	15,239.	1,812.	10,831.
14 Information technology	17,339.	661.		16,678.
15 Royalties				
16 Occupancy	5,700.	3,548.	757.	1,395.
17 Travel	44,090.	36,328.	2,324.	5,438.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	19,777.	12,405.	2,554.	4,818.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	70,489.	41,674.	898.	27,917.
b OTHER	36,968.	23,252.	8,975.	4,741.
c CONTRIBUTION EXPENSES	15,950.	15,950.		
d CATERER, MUSIC AND FACI	400.	400.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,876,048.	2,151,270.	190,667.	534,111.
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,946,544.	1	1,161,985.
	2 Savings and temporary cash investments	1,309,764.	2	864,143.
	3 Pledges and grants receivable, net	100,000.	3	667,125.
	4 Accounts receivable, net	647,734.	4	49,405.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,053.	9	234,955.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,814.		
	b Less: accumulated depreciation	10b 65,034.		
		5,491.	10c	1,780.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,029,586.	16	2,979,393.	
Liabilities	17 Accounts payable and accrued expenses	170,208.	17	85,876.
	18 Grants payable		18	
	19 Deferred revenue		19	188,900.
	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, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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		25	
	26 Total liabilities. Add lines 17 through 25	170,208.	26	274,776.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,640,202.	27	1,988,893.
	28 Net assets with donor restrictions	219,176.	28	715,724.
	Organizations that do not follow FASB ASC 958, check here ☐			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,859,378.	32	2,704,617.	
33 Total liabilities and net assets/fund balances	4,029,586.	33	2,979,393.	

Form **990** (2024)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,721,287.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,876,048.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,154,761.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,859,378.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	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	2,704,617.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization	Employer identification number
NEXT FOR AUTISM, INC.	57-1136147

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,993,911.	4,207,751.	2,231,809.	2,398,885.	1,694,780.	12,527,136.
2 Tax revenues levied for the organization'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	1,993,911.	4,207,751.	2,231,809.	2,398,885.	1,694,780.	12,527,136.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						688,682.
6 Public support. Subtract line 5 from line 4.						11,838,454.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,993,911.	4,207,751.	2,231,809.	2,398,885.	1,694,780.	12,527,136.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,398.	890.	23,038.	69,560.	52,196.	154,082.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,698.	6,824.	3,953.	157,133.	7,614.	181,222.
11 Total support. Add lines 7 through 10						12,862,440.
12 Gross receipts from related activities, etc. (see instructions)					12	234,750.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	92.04 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	94.41 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2024. 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 test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990) 2024

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 detail in Part 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		

Section C. Type II Supporting Organizations

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
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.	Yes	No	
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V

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

1

☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization NEXT FOR AUTISM, INC.	Employer identification number 57-1136147
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3
- Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a

☐ Public exhibition
- b

☐ Scholarly research
- c

☐ Preservation for future generations
- d

☐ Loan or exchange program
- e

☐ Other
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes
- ☐ No

Part IV

Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a
- Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes
- ☐ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | |
|---------------------------------|--------|
| | Amount |
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a
- Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
- ☐ Yes
- ☐ No
- b
- If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII
- ☐

Part V

Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | | | | | |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a Beginning of year balance | 219,176. | 614,965. | 93,050. | 19,177. | 18,500. |
| b Contributions | 1,080,407. | 65,000. | 640,000. | 350,000. | 25,000. |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 583,859. | 460,789. | 118,085. | 276,127. | 24,323. |
| f Administrative expenses | | | | | |
| g End of year balance | 715,724. | 219,176. | 614,965. | 93,050. | 19,177. |
- 2
- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment 100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations?

(ii) Related organizations?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |
- b
- If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4
- Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		66,814.	65,034.	1,780.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,780.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,924,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	162,842.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	40,802.
e	Add lines 2a through 2d	2e	203,644.
3	Subtract line 2e from line 1	3	1,721,287.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,721,287.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,079,692.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	162,842.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	40,802.
e	Add lines 2a through 2d	2e	203,644.
3	Subtract line 2e from line 1	3	2,876,048.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,876,048.

Part XIII Supplemental Information

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

PART V, LINE 4:

NET ASSETS WHICH HAVE BEEN LIMITED BY DONOR-IMPOSED STIPULATIONS THAT
EITHER EXPIRE WITH THE PASSAGE OF TIME OR CAN BE FULFILLED AND REMOVED BY
THE ACTIONS OF NEXT PURSUANT TO THOSE STIPULATIONS. CONTRIBUTIONS WHOSE
RESTRICTIONS ARE MET IN THE YEAR THE CONTRIBUTION IS RECEIVED ARE
REFLECTED WITHIN NET ASSETS WITHOUT DONOR RESTRICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSE40,802.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSE40,802.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MANY STARS (NOTMS) (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	175,642.			175,642.
	2 Less: Contributions	168,154.			168,154.
	3 Gross income (line 1 minus line 2)	7,488.			7,488.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	400.			400.
	9 Other direct expenses	40,402.			40,402.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				40,802.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-33,314.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No
b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a

The organization's facility

13a

%

b

An outside facility

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter the name and address of the third party:

Name

Address

16

Gaming manager information:

Name

Gaming manager compensation

\$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization
NEXT FOR AUTISM, INC.
Employer identification number
57-1136147

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
NEW ENGLAND CENTER FOR CHILDREN 33 GTURNPIKE ROAD SOUTHBOROUGH, MA 01772	04-2708762	501(C)(3)	75,000.	0.			THIS PROGRAM PROVIDES VOCATIONAL SERVICES STARTING AT AGE 14 AND INCLUDES DIVERSE
THE PERFORMANCE ZONE INC. (AUTISTICWHILEBLACK, LLC) - 20516 FOX STREET - REDFORD, MI 48240	13-3357408	501(C)(3)	25,000.	0.			#AUTISTICWHILEBLACK: EXPLORING IDENTITY INITIATIVE IS A PROGRAM DEDICATED TO GUIDING
ACTIONPLAY, INC. 417 MYRTLE AVENUE #39 BROOKLYN, NY 11205	27-0681201	501(C)(3)	25,000.	0.			ACTIONPLAYS AUDITION WORKSHOP SERIES DEVELOPS AUDITION SKILLS IN AUTISTIC ACTORS, CHANGES
ALPINE LEARNING GROUP FOUNDATION, INC (ALPINE LEARNING GROUP) - 777 PARAMUS ROAD - PARAMUS, NJ 07652	26-3636357	501(C)(3)	25,000.	0.			A GOOD JOB BOX (AGJB) IS AN INNOVATIVE SNACK PACKAGING COMPANY THAT CREATES EMPLOYMENT AND
BANDING TOGETHER 7370 OPPORTUNITY ROAD SUITE E SAN DIEGO, CA 92111	36-4644986	501(C)(3)	25,000.	0.			THE JAM SESSION PROGRAM IS A FREE ONE-HOUR INCLUSIVE MUSIC THERAPY GROUP THAT PAIRS TEENS
COMMUNICATION 4 ALL INC. 204 QUAYSIDE CIRCLE #502 MAITLAND, FL 32751	87-4524720	501(C)(3)	25,000.	0.			WITH A PROGRAM OF INTERNET-BASED INSTRUCTIONAL VIDEOS, COMMUNITY, AND SUPPORT,

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 35.
- 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) NEXT FOR AUTISM, INC.

57-1136147

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ELS FOR AUTISM FOUNDATION, INC. 18370 LIMESTONE CREEK ROAD JUPITER, FL 33458	26-3520396	501(C)(3)	25,000.	0.			CAREER EXPLORATION & TRAINING (CET) AT ELS FOR AUTISM OFFERS INTRODUCTORY VOCATIONAL
EVOLVE COACHING INC. 3706 BUTLER STREET PITTSBURGH, PA 15201	47-2552304	501(C)(3)	25,000.	0.			THE EVOLVE COACHING INCLUSION CENTER IS ESTABLISHING A ROBUST, INDEPENDENT LIVING
EXCEPTIONAL MINDS, INC. 14144 VENTURA BLVD. STE. 100 SHERMAN OAKS, CA 91423	80-0392843	501(C)(3)	25,000.	0.			EXCEPTIONAL MINDS IS A TRAINING ACADEMY AND DIGITAL ARTS STUDIO PREPARING ARTISTS ON THE
FISH IN A TREE 7529 ZIMPLE STREET NEW ORLEANS, LA 70118	92-0871735	501(C)(3)	25,000.	0.			THE EMPOWERHER PROGRAM BY FISH IN A TREE PROVIDES RECENTLY DIAGNOSED OR SELF-IDENTIFIED ADULT
HAVE DREAMS 515 BUSSE HIGHWAY SUITE 150 PARK RIDGE, IL 60068	36-4078008	501(C)(3)	25,000.	0.			THE HAVE DREAMS ACADEMY IS A WORKFORCE TRAINING PROGRAM FOR ADULTS WITH HIGH-FUNCTIONING AUTISM
INSTITUTE FOR EDUCATIONAL ACHIEVEMENT, INC. - 381 MADISON AVENUE - NEW MILFORD, NJ 07646	22-3391706	501(C)(3)	25,000.	0.			THE INSTITUTE FOR EDUCATIONAL ACHIEVEMENT (IEA) IS A PRIVATE, NOT-FOR-PROFIT PROGRAM
JULIE & MICHAEL TRACY FAMILY FOUNDATION (URBAN AUTISM SOLUTIONS) - 1212 W FLOURNOY STREET - CHICAGO, IL 60607	37-1667452	501(C)(3)	25,000.	0.			URBAN AUTISM SOLUTIONS (UAS) PROVIDES SOCIAL NETWORKING OPPORTUNITIES TO ENCOURAGE YOUNG ADULTS
LEARNINGSRING SCHOOL 247 EAST 20TH STREET NEW YORK, NY 10003	01-0603628	501(C)(3)	25,000.	0.			THIS PROGRAM OFFERS MIDDLE SCHOOLERS AND ALUMNI OF LEARNINGSRING, AGED 14 AND ABOVE, ACCESS
NEURODIVERSITY WORKS 11475 HELENA STREET COMMERCE CITY, CO 80022	85-1377655	501(C)(3)	25,000.	0.			NEURODIVERSITY WORKS IS A WORKFORCE DEVELOPMENT NONPROFIT DEDICATED TO EQUIPPING NEURODIVERGENT

Schedule I (Form 990)

Schedule I (Form 990) NEXT FOR AUTISM, INC.

57-1136147

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
NORTON CHILDREN'S HOSPITAL FOUNDATION INC. - 4965 US HIGHWAY 42 SUITE 1000 - LOUISVILLE, KY 40222	61-6027530	501(C)(3)	25,000.	0.			PREPARING FOR ADULT LIFE (PAL) IS AN INCLUSIVE, IS DESIGNED TO SUPPORT YOUNG ADULTS WITH AUTISM IN
SHEPHERD'S WAY INC. 11711 E CRESTWOOD STREET WICHITA, KS 67206	81-2837618	501(C)(3)	25,000.	0.			SHEPHERDS WAY IS A FOUR PHASE POST-SECONDARY BRIDGE INTO ADULTHOOD DEDICATED TO LAUNCHING
SOCIEDAD DE EDUCACION Y REHABILITACION (SER) DE PUERTO RICO, INC. - 500 CALLE BEZ URB. - POREZ MORIS HATO REY, 917, PUERTO	66-0207947	501(C)(3)	25,000.	0.			FUND STAFF TRAINING IN PEERS PROGRAM, WHICH IS A SOCIAL SKILLS PROGRAM OFFERED TO YOUNG ADULTS
SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER - 300 NORTH 18TH STREET - PHOENIX, AZ 85006	31-1496646	501(C)(3)	25,000.	0.			LEARN4INDEPENDENCE, A COMPREHENSIVE 32-COURSE CURRICULUM THAT EQUIPS AUTISTIC ADULTS WITH
THE ARC WESTCHESTER FOUNDATION 265 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	13-1740065	501(C)(3)	25,000.	0.			PROJECT SEARCH AUTISM ENHANCEMENT (PSAE) IS A 10-MONTH INTERNSHIP PROGRAM TARGETED FOR
THE ED ASNER FAMILY CENTER 16340 ROSCOE BLVD. SUITE 101 VAN NUYS, CA 91406	82-4043883	501(C)(3)	25,000.	0.			FRIENDSHIP BUILDERS IS A NEURODIVERGENT LED AND CREATED PROGRAM TO ASSIST NEURODIVERGENT
THE TRUE PROFESSIONAL 25 MOUNTAIN AVENUE MAPLEWOOD, NJ 07040	93-2387164	501(C)(3)	25,000.	0.			THE TRUE PROFESSIONAL INSTILLS A CLIENT-CENTERED APPROACH AND EXCELLENCE IN SERVICE
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN, SUITE 1706 - HOUSTON, TX 77030	74-1761309	501(C)(3)	25,000.	0.			THE LAUNCHING! TO ADULTHOOD PROGRAMS FOCUS ON HELPING NEURODIVERSE YOUNG ADULTS REACH THEIR
TIKVA-ETTA & LAZEAR ISRAEL CENTER FOR THE DEVELOPMENTALLY DISABLED (ETTA) - 13034 SATICOY ST. NORTH - HOLLYWOOD, CA 91605	95-4308644	501(C)(3)	25,000.	0.			OPENING THE BHATIA FAMILY VILLAGE, A TRANSFORMATIONAL URBAN INDEPENDENT HOUSING

Schedule I (Form 990)

Schedule I (Form 990) NEXT FOR AUTISM, INC.

57-1136147

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ASMT, INC 955 WOODLAND STREET NASHVILLE, TN 37206	27-1003749	501(C)(3)	24,000.	0.			AUTISMTN FOSTERA COMMUNITY, EMPOWERMENT, AND MUTUAL SUPPORT, WITH DEDICATED PROGRAMMING FOR
MERCY UNIVERSITY 555 BROADWAY DOBBS FERRY, NY 10522	13-1967321	501(C)(3)	20,000.	0.			FELLOWS' FALL 2024 SCHOLARSHIP PAYMENT - 8 MEMBER OF COHORT 2
SPECTRUM SAILING 1397 SOUTHERN MAGNOLIA LANE MT. PLEASANT, SC 29464	88-0637151	501(C)(3)	20,000.	0.			SPECTRUM SAILING TRAVELS ACROSS THE COUNTRY CONDUCTING FREE 3-DAY PROFESSIONAL SAILING
THEATRE DEVELOPMENT FUND, INC. 520 EIGHTH AVENUE SUITE 801 NEW YORK, NY 10018	13-6216919	501(C)(3)	20,000.	0.			TDF AUTISM FRIENDLY PERFORMANCES PROVIDES ACCESSIBLE, JUDGMENT FREE OPPORTUNITIES FOR
MERCY UNIVERSITY 555 BROADWAY DOBBS FERRY, NY 10522	13-1967321	501(C)(3)	17,500.	0.			FELLOWS' SPRING 2025 SCHOLARSHIP PAYMENT - 7 MEMBER OF COHORT 2
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 S. MARSHFIELD AVE. - CHICAGO, IL 60612	37-6000511	501(C)(3)	15,000.	0.			FELLOWS' FALL 2024 SCHOLARSHIP PAYMENT - 6 MEMBER OF COHORT 2
ABILIS INC. 50 GLENVILLE ROAD GREENWICH, CT 06831	06-6009327	501(C)(3)	15,000.	0.			THE ABILIS EMPLOYMENT AND EMPLOYMENT READINESS PROGRAM PROVIDES TRAINING AND COMPETITIVE
LETS WORK FOR GOOD INC (POPCORN FOR THE PEOPLE) - 140 ETHEL ROAD W SUITE M - PISCATAWAY, NJ 08854	47-3892053	501(C)(3)	15,000.	0.			POPCORN FOR THE PEOPLE IS EMBEDDING A STAFF ACCOMMODATIONS SPECIALIST THAT UNDERSTANDS HOW TO
TEMPLE UNIVERSITY-OF COMMONWEALTH SYSTEM OF HIGHER EDUCATION - 1330 POLLET WALK - PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	12,500.	0.			FELLOWS' FALL 2024 SCHOLARSHIP PAYMENT - 5 MEMBER OF COHORT 2

Schedule I (Form 990)

Part III

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

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

Part IV

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

PART I, LINE 2:

THE GRANTS COMMITTEE REVIEWS APPLICATIONS FROM POTENTIAL GRANTEEES. NEXT MAY MAKE IN-PERSON AND/OR VIRTUAL SITE VISITS TO POTENTIAL FIRST TIME GRANTEEES IN ADVANCE OF ISSUING THE GRANT TO ENSURE THAT THEY DELIVER SERVICES TO PEOPLE WITH AUTISM. ALL APPROVED GRANTEEES SIGN A GRANT AGREEMENT WITH NEXT PRIOR TO RECEIVING FUNDS. TECHNICAL ASSISTANCE IS PROVIDED AS NEEDED. NEXT REQUESTS A REPORT FROM GRANTEEES ADVISING OF THE SERVICES THEY HAVE PROVIDED DURING THE PERIOD OF THE GRANT. EVERY REPORT IS REVIEWED FOR ADEQUATE REPORTING OF THE EXPECTED OUTPUT AND OUTCOMES THAT WERE NOTED IN THE GRANT AGREEMENT

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NEW ENGLAND CENTER FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM PROVIDES VOCATIONAL SERVICES STARTING AT AGE 14 AND INCLUDES DIVERSE ACTIVITIES, WHERE STUDENTS DISCOVER THEIR INTERESTS AND STRENGTHS, RECEIVING TOOLS AND SUPPORT FOR A PURPOSEFUL, FULFILLING LIFE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THE PERFORMANCE ZONE INC. (AUTISTICWHILEBLACK, LLC)

(H) PURPOSE OF GRANT OR ASSISTANCE: #AUTISTICWHILEBLACK: EXPLORING
IDENTITY INITIATIVE IS A PROGRAM DEDICATED TO GUIDING NEWLY IDENTIFIED
AUTISTIC ADULTS THROUGH THE CRUCIAL FIRST YEAR OF SELF-DISCOVERY.

NAME OF ORGANIZATION OR GOVERNMENT: ACTIONPLAY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ACTIONPLAYS AUDITION WORKSHOP SERIES
DEVELOPS AUDITION SKILLS IN AUTISTIC ACTORS, CHANGES THE PERCEPTION OF
AUTISTIC ACTORS AMONG CASTING DIRECTORS AND AGENTS THROUGH INDUSTRY
SHOWCASES, ASSISTS ACTORS IN SECURING AUDITIONS AND PAID ROLES, AND
PROVIDES MEANINGFUL EMPLOYMENT FOR AUTISTIC AND NEURODIVERGENT ARTS
PROFESSIONALS.

NAME OF ORGANIZATION OR GOVERNMENT:

ALPINE LEARNING GROUP FOUNDATION, INC (ALPINE LEARNING GROUP)

(H) PURPOSE OF GRANT OR ASSISTANCE: A GOOD JOB BOX (AGJB) IS AN
INNOVATIVE SNACK PACKAGING COMPANY THAT CREATES EMPLOYMENT AND JOB
TRAINING OPPORTUNITIES FOR AUTISTIC ADULTS.

NAME OF ORGANIZATION OR GOVERNMENT: BANDING TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE JAM SESSION PROGRAM IS A FREE
ONE-HOUR INCLUSIVE MUSIC THERAPY GROUP THAT PAIRS TEENS AND ADULTS WITH
AUTISM AND OTHER SPECIAL NEEDS WITH A MENTOR TO PROMOTE SELF-ADVOCACY AND
INCLUSION THROUGH SOCIALIZATION, COMMUNICATION AND EMOTIONAL EXPRESSION.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNICATION 4 ALL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WITH A PROGRAM OF INTERNET-BASED
INSTRUCTIONAL VIDEOS, COMMUNITY, AND SUPPORT, C4A ACADEMY TEACHES
NONSPEAKERS WITH AUTISM HOW TO TYPE TO COMMUNICATE, CHANGING THEIR LIVES
FROM HOPELESS TO HOPEFUL

NAME OF ORGANIZATION OR GOVERNMENT: ELS FOR AUTISM FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CAREER EXPLORATION & TRAINING (CET)
AT ELS FOR AUTISM OFFERS INTRODUCTORY VOCATIONAL TRAINING COURSES IN
BASIC CARPENTRY, HOTEL AND HOSPITALITY, OFFICE AND CLERICAL ESSENTIALS,
RETAIL, AND FOOD SERVICE TO HELP AUTISTIC ADULTS DEVELOP JOB SKILLS AND
CAREER

NAME OF ORGANIZATION OR GOVERNMENT: EVOLVE COACHING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE EVOLVE COACHING INCLUSION CENTER
IS ESTABLISHING A ROBUST, INDEPENDENT LIVING TRAINING CURRICULUM TO
COMPLEMENT EXISTING PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: EXCEPTIONAL MINDS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EXCEPTIONAL MINDS IS A TRAINING
ACADEMY AND DIGITAL ARTS STUDIO PREPARING ARTISTS ON THE AUTISM SPECTRUM
FOR CAREERS IN ENTERTAINMENT AND RELATED FIELDS.

NAME OF ORGANIZATION OR GOVERNMENT: FISH IN A TREE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE EMPOWERHER PROGRAM BY FISH IN A
TREE PROVIDES RECENTLY DIAGNOSED OR SELF-IDENTIFIED ADULT AUTISTIC WOMEN
WITH SENSORY-FRIENDLY TOOLS, EDUCATIONAL PRESENTATIONS AND RESOURCES, AND
COMMUNITY SUPPORT TO ENHANCE THEIR WELL-BEING, EMPOWER SELF-REGULATION,
AND FOSTER A POSITIVE UNDERSTANDING OF THEIR DIAGNOSIS WITHIN A
NEURODIVERSITY-AFFIRMING FRAMEWORK.

NAME OF ORGANIZATION OR GOVERNMENT: HAVE DREAMS
(H) PURPOSE OF GRANT OR ASSISTANCE: THE HAVE DREAMS ACADEMY IS A
WORKFORCE TRAINING PROGRAM FOR ADULTS WITH HIGH-FUNCTIONING AUTISM THAT
OFFERS AN AUTISM-SPECIFIC CURRICULUM COMBINED WITH HANDS-ON INTERNSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:
INSTITUTE FOR EDUCATIONAL ACHIEVEMENT, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: THE INSTITUTE FOR EDUCATIONAL
ACHIEVEMENT (IEA) IS A PRIVATE, NOT-FOR-PROFIT PROGRAM THAT HELPS TO
ENSURE EACH AUTISTIC INDIVIDUAL SERVED GAINS THE SKILLS TO LEAD HAPPY,
PRODUCTIVE, AND INDEPENDENT LIFESTYLES.

NAME OF ORGANIZATION OR GOVERNMENT:
JULIE & MICHAEL TRACY FAMILY FOUNDATION (URBAN AUTISM SOLUTIONS)
(H) PURPOSE OF GRANT OR ASSISTANCE: URBAN AUTISM SOLUTIONS (UAS)
PROVIDES SOCIAL NETWORKING OPPORTUNITIES TO ENCOURAGE YOUNG ADULTS WHO
HAVE AUTISM TO SOCIALIZE WITH THEIR PEERS AND BECOME ENGAGED IN THEIR
COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: LEARNINGSRING SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM OFFERS MIDDLE SCHOOLERS
AND ALUMNI OF LEARNINGSRING, AGED 14 AND ABOVE, ACCESS TO INFORMATION
AND SUPPORT REGARDING ADULT SERVICES, SOCIAL CONNECTION, AND INTERNSHIP
OPPORTUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: NEURODIVERSITY WORKS
(H) PURPOSE OF GRANT OR ASSISTANCE: NEURODIVERSITY WORKS IS A WORKFORCE
DEVELOPMENT NONPROFIT DEDICATED TO EQUIPPING NEURODIVERGENT STUDENTS WITH
THE SKILLS AND TRAINING NEEDED FOR SUCCESSFUL CAREERS IN THE DRONE
INDUSTRY.

NAME OF ORGANIZATION OR GOVERNMENT:
NORTON CHILDREN'S HOSPITAL FOUNDATION INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: PREPARING FOR ADULT LIFE (PAL) IS AN
INCLUSIVE, IS DESIGNED TO SUPPORT YOUNG ADULTS WITH AUTISM IN ACHIEVING
SELF-DETERMINATION IN A MEDICAL SETTING.

NAME OF ORGANIZATION OR GOVERNMENT: SHEPHERD'S WAY INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: SHEPHERDS WAY IS A FOUR PHASE
POST-SECONDARY BRIDGE INTO ADULTHOOD DEDICATED TO LAUNCHING ADULTS WITH
DISABILITIES INTO INDEPENDENT, COMMUNITY-ENGAGED, AND PURPOSE DRIVEN
LIVES.

NAME OF ORGANIZATION OR GOVERNMENT:
SOCIEDAD DE EDUCACION Y REHABILITACION (SER) DE PUERTO RICO, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: FUND STAFF TRAINING IN PEERS
PROGRAM, WHICH IS A SOCIAL SKILLS PROGRAM OFFERED TO YOUNG ADULTS WITH
AUTISM THAT PROVIDES THEM WITH THE NECESSARY SKILLS TO LIVE AN
INDEPENDENT, PRODUCTIVE, AND SELF-SUFFICIENT LIFE.

NAME OF ORGANIZATION OR GOVERNMENT:
SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: LEARN4INDEPENDENCE, A COMPREHENSIVE
32-COURSE CURRICULUM THAT EQUIPS AUTISTIC ADULTS WITH ESSENTIAL LIFE AND
WORK SKILLS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC WESTCHESTER FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT SEARCH AUTISM ENHANCEMENT (PSAE) IS A 10-MONTH INTERNSHIP PROGRAM TARGETED FOR YOUNG ADULTS, APPROXIMATELY AGES 18-28, WHO HAVE COMPLETED HIGH SCHOOL AND WHOSE GOAL IS COMMUNITY EMPLOYMENT.

NAME OF ORGANIZATION OR GOVERNMENT: THE ED ASNER FAMILY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: FRIENDSHIP BUILDERS IS A NEURODIVERGENT LED AND CREATED PROGRAM TO ASSIST NEURODIVERGENT INDIVIDUALS IN CULTIVATING AND MAINTAINING LASTING FRIENDSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: THE TRUE PROFESSIONAL
(H) PURPOSE OF GRANT OR ASSISTANCE: THE TRUE PROFESSIONAL INSTILLS A CLIENT-CENTERED APPROACH AND EXCELLENCE IN SERVICE DELIVERY TO DIRECT SERVICE PROFESSIONALS (DSPS) IN RESIDENTIAL FACILITIES.

NAME OF ORGANIZATION OR GOVERNMENT:
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
(H) PURPOSE OF GRANT OR ASSISTANCE: THE LAUNCHING! TO ADULTHOOD PROGRAMS FOCUS ON HELPING NEURODIVERSE YOUNG ADULTS REACH THEIR FULL POTENTIAL THROUGH WORK TRAININGS AND INTERNSHIP PLACEMENTS.

NAME OF ORGANIZATION OR GOVERNMENT:
TIKVA-ETTA & LAZEAR ISRAEL CENTER FOR THE DEVELOPMENTALLY DISABLED (ETTA)
(H) PURPOSE OF GRANT OR ASSISTANCE: OPENING THE BHATIA FAMILY VILLAGE, A TRANSFORMATIONAL URBAN INDEPENDENT HOUSING COMMUNITY FOR ADULTS ON THE AUTISM SPECTRUM

NAME OF ORGANIZATION OR GOVERNMENT: ASMT, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: AUTISMTN FOSTERA COMMUNITY, EMPOWERMENT, AND MUTUAL SUPPORT, WITH DEDICATED PROGRAMMING FOR ALL AUTISTIC ADULTS, AS WELL AS AFFINITY GROUPS FOR LGBTQIA+ AUTISTIC ADULTS AND LATE-DISCOVERED/LATE-DIAGNOSED AUTISTIC ADULTS.

NAME OF ORGANIZATION OR GOVERNMENT: SPECTRUM SAILING
(H) PURPOSE OF GRANT OR ASSISTANCE: SPECTRUM SAILING TRAVELS ACROSS THE COUNTRY CONDUCTING FREE 3-DAY PROFESSIONAL SAILING CAMPS CURATED SPECIFICALLY FOR AUTISTIC INDIVIDUALS.

NAME OF ORGANIZATION OR GOVERNMENT: THEATRE DEVELOPMENT FUND, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: TDF AUTISM FRIENDLY PERFORMANCES PROVIDES ACCESSIBLE, JUDGMENT FREE OPPORTUNITIES FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES TO ENJOY THE POWER OF THE PERFORMING ARTS WITH THEIR FRIENDS AND FAMILY.

NAME OF ORGANIZATION OR GOVERNMENT: ABILIS INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: THE ABILIS EMPLOYMENT AND EMPLOYMENT READINESS PROGRAM PROVIDES TRAINING AND COMPETITIVE EMPLOYMENT TO INDIVIDUALS WITH AUTISM AND INTELLECTUAL DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT:
LETS WORK FOR GOOD INC (POPCORN FOR THE PEOPLE)
(H) PURPOSE OF GRANT OR ASSISTANCE: POPCORN FOR THE PEOPLE IS EMBEDDING A STAFF ACCOMMODATIONS SPECIALIST THAT UNDERSTANDS HOW TO CREATE AN ENVIRONMENT OF NATURAL SUPPORTS FOR EVERY EMPLOYEE WITHIN IT'S SOCIAL

Part IV

Supplemental Information

ENTERPRISE.

NAME OF ORGANIZATION OR GOVERNMENT: SPECTRUM DESIGNS FOUNDATION LTD

(H) PURPOSE OF GRANT OR ASSISTANCE: SPECTRUM ACADEMY IS A BUSINESS

MANAGEMENT/TRAINING PROGRAM OFFERED BY SDF TO OTHER BUSINESSES INTERESTED

IN EMPLOYING PEOPLE WITH AUTISM.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization NEXT FOR AUTISM, INC.	Employer identification number 57-1136147
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Part I Questions Regarding Compensation

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

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GILLIAN LEEK PRESIDENT, CEO	(i)	269,499.	0.	0.	8,396.	33,629.	311,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAMELA COHEN CHIEF DEVELOPMENT OFFICER	(i)	180,000.	0.	0.	5,400.	840.	186,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY WALLACE CFO	(i)	157,631.	0.	0.	4,729.	785.	163,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ABBY JAYROE SVP, STRATEGIC OPERATIONS	(i)	153,827.	0.	0.	4,615.	840.	159,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	Employer identification number
NEXT FOR AUTISM, INC.	57-1136147

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXCELLENT SERVICES AND CONNECTED TO THEIR COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
NEXT CONNECTS IS A BI-DIRECTIONAL MENTORSHIP PROGRAM CONNECTING ADULTS
WITH AUTISM TRANSITIONING INTO EMPLOYMENT TO ESTABLISHED PROFESSIONALS
LOOKING TO BUILD MORE INCLUSIVE WORKPLACES. THE PROGRAM PROVIDES
GUIDELINES, STRUCTURE, AND EXPECTATIONS WHILE FACILITATING CRITICAL DEI
CONVERSATIONS VIA INTERACTIVE ELEARNING MODULES. THE TRAINING IS
SUPPLEMENTED BY READY TO USE RESOURCES THAT ARE AVAILABLE FREE OF
CHARGE TO ANYONE WHO VISITS OUR WEBSITE. IN 2024, A DIGITIZED VERSION
OF NEXT CONNECTS WAS LAUNCHED AND 190 ASPIRING AND ESTABLISHED
PROFESSIONALS ACROSS THE NATION WERE CONNECTED.

NEXT FOR DEI PROVIDES COMPANIES WITH THE TOOLS AND RESOURCES THEY NEED
TO BE NEUROINCLUSIVE BY PROMOTING THE MEASUREMENT AND REPORTING OF
DISABILITY EMPLOYMENT DATA, AND ENCOURAGING ALL COMPANIES TO COMMIT TO
PROGRESS TO TRANSFORM THE LANDSCAPE AND PROMOTE INCLUSIVITY FOR PEOPLE
WITH DISABILITIES. IN 2024, NEXT PUBLISHED 8 ACTIONABLE RESOURCES
PROVIDED FOR FREE TO SUPPORT COMPANIES IN BUILDING NEUROINCLUSIOVE
WORKPLACES.

NEXT FOR DSPS: NEXT FOR DSP, IS 4 PART ELEARNING CURRICULUM THAT
ENHANCES MANDATORY COMPLIANCE TRAINING BY PROVIDING SKILL-BASED
EDUCATION THAT EMPOWERS DSPS TO PRIORITIZE THE HEALTH AND SAFETY OF
THOSE UNDER THEIR CARE WHILE FOSTERING LIFELONG GROWTH. SUPPLEMENTING
THE LESSONS ARE DOWNLOADABLE TOOLS (I.E., MENUS, COMMUNICATION BOARDS,
ETC.) THAT DSPS CAN UTILIZE TO PUT THE LESSONS INTO ACTION. THE PROGRAM
IS CURRENTLY BEING IMPLEMENTED AT THE ARC WESTCHESTER IN NY AND
WOODHAVEN IN MO.
EXPENSES \$ 1,286,651. INCLUDING GRANTS OF \$ 1,750. REVENUE \$ 7,625.

FORM 990, PART VI, SECTION A, LINE 2:
LAURA SLATKIN, BOARD PRESIDENT AND HARRY SLATKIN, BOARD MEMBER SHARE FAMILY
RELATIONSHIP. MICHELLE SMIGEL, BOARD MEMBER AND ROBERT SMIGEL, BOARD MEMBER
SHARE FAMILY RELATIONSHIP.
ROBERT SMIGEL, BOARD MEMBER AND BELLANCA RUTTER SMIGEL, BOARD MEMBER SHARE
FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:
THE COMPLETE FORM 990 IS REVIEWED BY THE AUDIT AND FINANCE COMMITTEE
MEMBERS AND IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD DIRECTORS PRIOR
TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
NEXT HAS A WRITTEN POLICY REGARDING CONFLICTS OF INTEREST WHICH APPLIES TO
ALL DIRECTORS AND OFFICERS OF NEXT. DIRECTORS AND OFFICERS ARE ANNUALLY
REQUIRED TO CONFIRM COMPLIANCE WITH THE POLICY. IF THE PRESIDENT OF NEXT
BECOMES AWARE OF ANY FACTS SUGGESTING THAT A CONFLICT OF INTEREST EXISTS
THEY ARE REQUIRED TO NOTIFY THE MEMBERS OF THE BOARD, OR THE AUDIT
COMMITTEE, OF SUCH CONFLICT AND THE BOARD, OR AUDIT COMMITTEE, UPON THE
ADVICE OF LEGAL COUNSEL, WILL DETERMINE WHETHER SUCH CONFLICT EXISTS AND

Name of the organization	Employer identification number
NEXT FOR AUTISM, INC.	57-1136147

WHAT ACTIONS, IF ANY, TO TAKE IN REGARD TO SUCH CONFLICT. ANY DIRECTOR DETERMINED TO HAVE A CONFLICT OF INTEREST ON A MATTER PRESENTED TO THE BOARD WILL NOT PARTICIPATE IN ANY DISCUSSIONS OR DELIBERATIONS REGARDING THE SUBJECT MATTER WHERE A CONFLICT OF INTEREST EXISTS AND WILL NOT BE ENTITLED TO VOTE ON SUCH MATTER.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS DETERMINED BY THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE GOVERNANCE AND COMPENSATION COMMITTEE CONDUCTS AN ANNUAL REVIEW, INCLUDING COMPENSATION REVIEW. THE GOVERNANCE AND COMPENSATION COMMITTEE PERIODICALLY REVIEWS FORMS 990 OF OTHER SIMILAR ORGANIZATIONS, OR PUBLISHED COMPENSATION REPORTS, TO COMPARE QUALIFIED PERSONS IN SIMILARLY SITUATED POSITIONS. THESE DISCUSSIONS ARE DOCUMENTED.

THE GOVERNANCE AND COMPENSATION COMMITTEE DETERMINE A RAISE POOL THAT MAY BE DISBURSED BY THE PRESIDENT WITHIN GUIDELINES PROVIDED BY THE GOVERNANCE AND COMPENSATION COMMITTEE. THE COMMITTEE OVERSEES SUCH DECISIONS MADE BY THE PRESIDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIODS OF DISCLOSURE AS SET FORTH IN SECTION 6104(D) OF THE INTERNAL REVENUE CODE.

SIGNIFICANT OPERATIONAL MEASURES
NEXT HOLDS LARGE NATIONAL FUNDRAISING EVENTS, TYPICALLY EVERY TWO OR THREE YEARS. FUNDRAISING EXPENSES INCREASE DURING THE YEARS IN WHICH AN EVENT IS HELD BECAUSE OF THE INCREASED COSTS ASSOCIATED WITH SUPPORTING THE EVENT. HOWEVER, GRANTS THAT ARE PROVIDED FROM THE FUNDS RAISED THROUGH THE EVENTS, AND ARE CONSIDERED PROGRAM EXPENSES, ARE AWARDED BEGINNING AT LEAST SIX (6) MONTHS AFTER THE EVENT AND FUNDS MAY CONTINUE TO BE AWARDED FOR SEVERAL YEARS THEREAFTER. THE COMBINATION OF THESE FACTORS CAN RESULT IN DRAMATIC CHANGES IN THE PERCENTAGE OF PROGRAM EXPENSES TO TOTAL EXPENSES YEAR-TO-YEAR. IN YEARS WHEN A LARGE FUNDRAISING EVENT IS HELD, THE PERCENTAGE OF PROGRAM SERVICES TO TOTAL EXPENSES IS MUCH LOWER THAN IN YEARS WHEN AN EVENT IS NOT HELD. NEXT ANTICIPATES A SIMILAR TREND TO CONTINUE FOR AS LONG AS WE HOLD LARGE FUNDRAISING EVENTS.

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. NEXT FOR AUTISM, INC.	Taxpayer identification number (TIN) 57-1136147
	Number, street, and room or suite no. If a P.O. box, see instructions. 1177 AVE. OF THE AMERICAS, 5TH FL.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10036	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of AMY WALLACE

1177 AVE. OF THE AMERICAS, 5TH FL. - NEW YORK, NY 10036

Telephone No. 212-759-3775

Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 24 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)