

Short Form
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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 2018, and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

C **Autism Society of America-Kern Autism Network, Inc.**
8200 Stockdale Hwy, M-10
Bakersfield, CA 93311

D Employer identification number: 82-4366327

E Telephone number: (661) 489-3335

F Group Exemption Number: (661) 489-3335

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **64,045.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	64,016.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
2	Program service revenue including government fees and contracts	2		20	Other changes in net assets or fund balances (explain in Schedule O)
3	Membership dues and assessments	3		21	Net assets or fund balances at end of year. Combine lines 18 through 20
4	Investment income	4			
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events:	6			
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ of contributions	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,045.	17	Total expenses. Add lines 10 through 16
10	Grants and similar amounts paid (list in Schedule O)	10	6,216.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
11	Benefits paid to or for members	11		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
12	Salaries, other compensation, and employee benefits	12		20	Other changes in net assets or fund balances (explain in Schedule O)
13	Professional fees and other payments to independent contractors	13		21	Net assets or fund balances at end of year. Combine lines 18 through 20
14	Occupancy, rent, utilities, and maintenance	14	8,563.		
15	Printing, publications, postage, and shipping	15	4,023.		
16	Other expenses (describe in Schedule O)	16	34,176.		
17	Total expenses. Add lines 10 through 16	17	52,978.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,067.		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.		
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	11,067.		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. Yes No

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. Yes No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No

35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III. Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.

37b Did the organization file Form 1120-POL for this year? Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No

38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A

39 Section 501(c)(7) organizations: Enter: 39a N/A

a Initiation fees and capital contributions included on line 9. 39b N/A

b Gross receipts, included on line 9, for public use of club facilities. 39c N/A

40a Section 501(c)(3) organizations: Enter amount of tax imposed on the organization during the year under: 40a 0.

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40b 0.

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Enter amount of tax imposed on organization reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. Yes No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. 40c 0.

e All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 40e X

41 List the states with which a copy of this return is filed. None

42a The organization's books are in care of RAMONA PUGET Located at 8200 STOCKDALE HWY, M-10 BAKERSFIELD CA Telephone no. (661) 489-3335 ZIP + 4 93311

b 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)? Yes No

If 'Yes,' enter the name of the foreign country. 42b X

c At any time during the calendar year, did the organization maintain an office outside the United States? Yes No

If 'Yes,' enter the name of the foreign country. 42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. N/A N/A

and enter the amount of tax-exempt interest received or accrued during the tax year. 43

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Yes No

44a Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Yes No

44b Did the organization receive any payments for indoor tanning services during the year? Yes No

44c If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? Yes No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No

45a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. Yes No

45b Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No

45b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

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.

Open to Public Inspection

2018

OMB No. 1545-0047

Name of the organization

AUTISM SOCIETY OF AMERICA-KERN AUTISM NETWORK, INC.

Employer identification number

82-4366327

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 or 990-EZ).)
- 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.)
- 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)(vii). (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 in 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	(iii) EIN	(iv) Type of organization (described on lines 1-10 above (see instructions))		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Yes	No		
(A)					
(B)					
(C)					
(D)					
(E)					
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				39,488.	64,029.	103,517.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	0.	0.	0.	39,488.	64,029.	103,517.
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 1, column (f).						0.
6 Public support. Subtract line 5 from line 4.						103,517.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	0.	0.	0.	39,488.	64,029.	103,517.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.				31.		31.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						103,548.
12 Gross receipts from related activities, etc. (see instructions).						0.

13 First five 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 **X**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	%

16a 33-1/3% support test-2018. 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-2017. 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-2018. 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-2017. 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. 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.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						
Section B. Total Support						
9						
10a						
b						
c						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a **33-1/3% support tests—2018.** 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—2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.

Section A. All Supporting Organizations	
1	2
1	1
2	2
3a	3a
3b	3b
3c	3c
4a	4a
4b	4b
4c	4c
5a	5a
5b	5b
5c	5c
6	6
7	7
8	8
9a	9a
9b	9b
9c	9c
10a	10a
10b	10b

Part IV Supporting Organizations (continued)

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 in (b) and (c) below, the governing body of a supported organization?
b		A family member of a person described in (a) above?
c		A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.
Yes	No	
		11a X
		11b X
		11c X

Section B. Type I Supporting Organizations

1		Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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.
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.
Yes	No	
		1 X
		2 X

Section C. Type II Supporting Organizations

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).
Yes	No	
		1

Section D. All Type III Supporting Organizations

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?
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).
3		By reason of the relationship described in (2), 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.
Yes	No	
		1
		2
		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 government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b		Did the activities described in (a) 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.
Yes	No	
		2a
		2b

3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.
Yes	No	
		3a
		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		
2		
3		
4		
5		
6		
7		
8		

Section B – Minimum Asset Amount

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	
b	Average monthly cash balances	
c	Fair market value of other non-exempt-use assets	
d	Total (add lines 1a, 1b, and 1c)	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	
2	Acquisition indebtedness applicable to non-exempt-use assets	
3	Subtract line 2 from line 1d.	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	
6	Multiply line 5 by .035.	
7	Recoveries of prior-year distributions	
8	Minimum Asset Amount (add line 7 to line 6)	

Section C – Distributable Amount

	Current Year
1	
2	
3	
4	
5	
6	
7	
8	

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)

Current Year	1 Amounts paid to supported organizations to accomplish exempt purposes	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	3 Administrative expenses paid to accomplish exempt purposes of supported organizations	4 Amounts paid to acquire exempt-use assets	5 Qualified set-aside amounts (prior IRS approval required)	6 Other distributions (describe in Part VI). See instructions.	7 Total annual distributions. Add lines 1 through 6.	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	9 Distributable amount for 2018 from Section C, line 6	10 Line 8 amount divided by line 9 amount
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Section E – Distribution Allocations (see instructions)

1 Distributable amount for 2018 from Section C, line 6	2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.	3 Excess distributions carryover, if any, to 2018	4 From 2013	5 From 2014	6 From 2015	7 From 2016	8 From 2017	f Total of lines 3a through e	g Applied to underdistributions of prior years	h Applied to 2018 distributable amount	i Carryover from 2013 not applied (see instructions)	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	4 Distributions for 2018 from Section D, line 7: \$	a Applied to underdistributions of prior years	b Applied to 2018 distributable amount	c Remainder. Subtract lines 4a and 4b from 4.	5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	7 Excess distributions carryover to 2019. Add lines 3j and 4c.	8 Breakdown of line 7:	a Excess from 2014	b Excess from 2015	c Excess from 2016	d Excess from 2017	e Excess from 2018
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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

NAME OF THE ORGANIZATION
AUTISM SOCIETY OF AMERICA-KERN AUTISM NETWORK, INC.

Employer identification number
82-4366327

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	8,114.
BOARD MEETINGS	702.
BUSINESS LICENSE	885.
Conferences, Conventions, and Meetings	7,106.
Insurance	1,390.
Office Expenses	1,178.
PHONE INTERNET	2,418.
STORAGE UNIT	1,321.
SUPPLIES	8,584.
Travel	2,478.
Total	\$ 34,176.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Autism Society of America-Kern Autism Network provides support, awareness, information and education to families, professionals and the public throughout Kern County. We work towards cooperation, coordination and the creation of services between individuals and agencies. We strive for advocacy, research, education and inclusion for individuals challenged with autism, in Kern County. "Improving the Lives of All Affected by Autism"

Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Expenses
Lego Workshops	Includes Foreign Grants: No	3,180.
Holiday Projects	Includes Foreign Grants: No	2,654.
Paint Fundraiser	Includes Foreign Grants: No	1,896.
Autism Outreach	Includes Foreign Grants: No	865.
Total		\$ 8,595.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... NO

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... NO

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name: **AUTISM SOCIETY OF AMERICA-KERN AUTISM NETWORK, INC.**
 California corporation number: **4099630**
 Additional information. See instructions.

Street address (suite or room): **8200 STOCKDALE HWY., M-10**
 City: **BAKERSFIELD**
 State: **CA**
 Zip code: **93311**
 Foreign province/state/country: _____
 Foreign postal code: _____

A First Return: Yes No

B Amended Return: Yes No

C IRC Section 4947(a)(1) trust: Yes No

D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized

E Check accounting method: Cash Accrual Other

F Federal return filed? 990T 990-PF 990

G Is this a group filing? See instructions. Yes No

H Is this organization in a group exemption? If "Yes," what is the parent's name? Yes No

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources: \$ _____
 Yes No

L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is federal Form 1023/1024 pending? Date filed with IRS: _____
 Yes No

Part I		Complete Part I unless not required to file this form. See General Information B and C.	
1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	29.
2	Gross dues and assessments from members and affiliates.	2	
3	Gross contributions, gifts, grants, and similar amounts received.	3	64,016.
4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	64,045.
5	Cost of goods sold.	5	
6	Cost or other basis, and sales expenses of assets sold.	6	
7	Total costs. Add line 5 and line 6.	7	
8	Total gross income. Subtract line 7 from line 4.	8	64,045.
9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	52,978.
10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	11,067.
11	Total payments.	11	
12	Use tax. See General Information K.	12	
13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
15	Filing fee \$10 or \$25. See General Information F.	15	10.
16	Penalties and interest. See General Information J.	16	
17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.

Sign Here

Signature of officer: _____
 Title: **DIRECTOR**
 Date: _____

Signature of preparer: **LISA TUCKER HOOD**
 Date: _____
 Check if self-employed:

Paid Preparer's Use Only

Firm's name (or yours, if self-employed): **A-1 MULTI BUSINESS CENTER**
 Firm's address and address: **1010 AIRPORT DR., BAKERSFIELD, CA 93308**
 Telephone: **(661) 489-3335**
 Firms FEIN: **P00220262**
 Telephone: **(661) 393-1353**
 May the FTB discuss this return with the preparer shown above? See instructions. Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations
 regardless of amount of gross receipts - complete Part II or furnish substitute information.

AUTISM SOCIETY OF AMERICA-KERN AUTISM

Schedule L		Balance Sheet	Beginning of taxable year	End of taxable year
Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.		1
	2	Interest.		2
	3	Dividends.		3
	4	Gross rents.		4
	5	Gross royalties.		5
	6	Gross amount received from sale of assets (See instructions).		6
	7	Other income. Attach schedule.		7
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	29.	8
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.		9
	10	Disbursements to or for members.		10
	11	Compensation of officers, directors, and trustees. Attach schedule.	SEE STMT 1	11
	12	Other salaries and wages.		12
	13	Interest.		13
	14	Taxes.		14
	15	Rents.		15
	16	Depreciation and depletion (See instructions).		16
	17	Other Expenses and Disbursements. Attach schedule.	SEE STATEMENT 2	17
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	44,415.	18
Total			52,978.	

Schedule M-1		Reconciliation of income per books with income per return
1	Cash.	
2	Net accounts receivable.	
3	Net notes receivable.	
4	Inventories.	
5	Federal and state government obligations.	
6	Investments in other bonds.	
7	Investments in stock.	
8	Mortgage loans.	
9	Other investments. Attach schedule.	
10a	Depreciable assets.	
b	Less accumulated depreciation.	
11	Land.	
12	Other assets. Attach schedule.	
13	Total assets.	24,122.
Liabilities and net worth		
14	Accounts payable.	
15	Contributions, gifts, or grants payable.	
16	Bonds and notes payable.	
17	Mortgages payable.	
18	Other liabilities. Attach schedule.	
19	Capital stock or principal fund.	24,122.
20	Paid-in or capital surplus. Attach reconciliation.	
21	Retained earnings or income fund.	
22	Total liabilities and net worth.	24,122.

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books.	
2	Federal income tax.	
3	Excess of capital losses over capital gains.	
4	Income not recorded on books this year.	
5	Expenses recorded on books this year not deducted.	
6	Total. Add line 1 through line 5.	
7	Income recorded on books this year not included in this return. Attach schedule.	
8	Deductions in this return not charged against book income this year.	
9	Total. Add line 7 and line 8.	
10	Net income per return.	
		Subtract line 9 from line 6

California Statements
 AUTISM SOCIETY OF AMERICA-KERN AUTISM
 NETWORK, INC.

Client AUTISM2

4/10/19

10:45AM

82-4366327

Statement 1
 Form 199, Part II, Line 11
 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compensation	Contri- bution to	Expense
			FBP & DC	Account/ Other
RAMONA PUGET 15401 LAKE BERRYESSA CT. BAKERSFIELD, CA 93314	Director 40.00	\$ 0.	\$ 0.	\$ 0.
NIKKI LEWIS 10108 CRANBERRY ISLE DR BAKERSFIELD, CA 93314	Treasurer 2.00	0.	0.	0.
ANGIE GONZALEZ 3645 EISENHOWER AVE BAKERSFIELD, CA 93309	Secretary 2.00	0.	0.	0.
Total \$ 0. \$ 0. \$ 0.				

Statement 2
 Form 199, Part II, Line 17
 Other Expenses

Advertising and Promotion	8,114.
BOARD MEETINGS	702.
BUSINESS LICENSE	885.
Conferences, Conventions, and Meetings	7,106.
Insurance	1,390.
Office Expenses	1,178.
Payments to Affiliates	6,216.
PHONE INTERNET	2,418.
Postage and Shipping	388.
Printing and Publications	3,635.
STORAGE UNIT	1,321.
SUPPLIES	8,584.
Travel	2,478.
Total	\$ 44,415.