

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.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
 Internal Revenue Service

OMB No. 1545-0047
2021
 Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending ,

B Check if applicable:

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

C Accounting Method: Cash Accrual Other (specify) _____

D Website: N/A

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

F Form of organization: Corporation Trust Association Other

G 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. **82,499.**

H Check if the organization is not required to attach Schedule B (Form 990).

I Employer identification number: **82-4366327**

J Telephone number: **(661) 489-3335**

K Group Exemption Number: _____

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.

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	82,499.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
6	Gaming and fundraising events	
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	82,499.
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	854.
16	Other expenses (describe in Schedule O)	58,900.
17	Total expenses. Add lines 10 through 16.	60,229.
18	Excess or (deficit) for the year (subtract line 17 from line 9)	22,270.
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)	46,853.
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20.	69,123.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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

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), 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. None 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. Yes No

39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9. Yes No
b Gross receipts, included on line 9, for public use of club facilities. Yes No

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 None 0.; section 4912 None 0.; section 4955 None 0.

b 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. Yes No

c 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. Yes No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Yes No

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. Yes No

41 List the states with which a copy of this return is filed None 40e

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

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

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

If 'Yes,' enter the name of the foreign country

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

b 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

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

d If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. Yes No

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

b 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

TEEA0812L 09/27/21 Form 990-EZ (2021) BAA

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

2021

Open to Public Inspection

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).)
- 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)(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 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	39,488.	64,029.				103,517.
2						0.
3						0.
4	39,488.	64,029.	0.	0.	0.	103,517.
5						0.
6						0.
Total. Add lines 1 through 6.	39,488.	64,029.	0.	0.	0.	103,517.
Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	39,488.	64,029.	0.	0.	0.	103,517.
8						0.
9						31.
10						0.
11						0.
12						103,548.
Total support. Add lines 7 through 12.						103,548.

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	%
15	Public support percentage from 2020 Schedule A, Part II, line 14.	15	%

- 16a **33-1/3% support test--2021.** 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.
- 16b **33-1/3% support test--2020.** 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--2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
- 17b **10%-facts-and-circumstances test--2020.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 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

Table with 6 columns: Calendar year (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total, Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b 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; 8 Public support. (Subtract line 7c from line 6); 9 Amounts from line 6.

Section B. Total Support

Table with 6 columns: Calendar year (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Add lines 10a and 10b; 12 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 13 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 14 Total support. (Add lines 9, 10c, 11, and 12); 15 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

Table with 2 columns: % and %. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: % and %. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33-1/3% support tests-2021. 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.
19b 33-1/3% support tests-2020. 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 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.)

1	2	3a	3b	3c	4a	4b	4c	5a	5b	5c	6	7	8	9a	9b	9c	10a	10b
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	Did the organization add or substituted supported organization part of a class already designated in the organization's organizing document?	Substitutions only. Was the substitution the result of an event beyond the organization's control?	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4558(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	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))?	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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 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

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

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
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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?		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.		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.		3
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 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		
2 Recoveries of prior-year distributions		
3 Other gross income (see instructions)		
4 Add lines 1 through 3.		
5 Depreciation and depletion		
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)		
7 Other expenses (see instructions)		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		

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		
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 0.015 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 0.035.		
7 Recoveries of prior-year distributions		
8 Minimum Asset Amount (add line 7 to line 6)		

Section C – Distributable Amount

	Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	
2 Enter 0.85 of line 1.	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	
4 Enter greater of line 2 or line 3.	
5 Income tax imposed in prior year	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	
7 <input type="checkbox"/> 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 – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6	7
8	Distributions to alternative supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)		Excess Distributions (i)	Underdistributions Pre-2021 (ii)	Distributable Amount for 2021 (iii)
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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.)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AUTISM SOCIETY OF AMERICA-KERN AUTISM NETWORK, INC.

Employer identification number

82-4366327

OMB No. 1545-0047

2021

Open to Public Inspection

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

Advertising and Promotion	4,536.
BUSINESS LICENSE	30.
DMV	10.
EDUCATION AND SEMINARS	1,743.
Insurance	2,495.
Interest	117.
MEMBERSHIP DUES	382.
Office Expenses	5,993.
OFFICE RENT	17,910.
PHONE INTERNET	1,664.
PHONE LINES	2,045.
PROGRAMS/LEGO/HOLIDAY PROJECT	4,600.
STORAGE UNIT	1,312.
SUPPORT GROUPS	13,178.
WEBSITE & INTERNET	2,885.
Total	\$ 58,900.

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

Program Service Expenses	Grants	Description
		Seminars and Educational Workshops
	No	Includes Foreign Grants: No
		Lego Workshops
	No	Includes Foreign Grants: No
		Support Groups - phone consultations, email distribution, attending meetings, conferences, and various other events around Kern County to raise awareness, connect families, and educate.
	No	Includes Foreign Grants: No
		Autism Outreach

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

Name of the organization AUTISM SOCIETY OF AMERICA-KERN AUTISM NETWORK, INC.		Employer identification number 82-4366327
---------------------------------------------------------------------------------	--	----------------------------------------------

Program Service Expenses	Description	Grants
--------------------------	-------------	--------

Includes Foreign Grants: No

Autism awareness

Includes Foreign Grants: No

Total \$ 0.

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

TAXABLE YEAR **2021**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name **AUTISM SOCIETY OF AMERICA-KERN AUTISM NETWORK, INC.**

Street address (suite or room) **8200 STOCKDALE HWY., M-10**

City **BAKERSFIELD**

State **CA** Foreign province/state/county

Zip code **93311** Foreign postal code

FEIN **4099630** PMB no. **82-4366327**

California corporation number **4099630**

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: Enter date: (mm/dd/yyyy) Accrual Cash Other

F Federal return filed? 9901 990-PF Sch H (990) Other 990 series

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 Is the organization a limited liability company? Yes No

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

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

O Is federal Form 1023/1024 pending? Yes No

Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	Expenses	Filing Fee
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input type="checkbox"/>	8 Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>	11 Total payments. <input type="checkbox"/>
2 Gross dues and assessments from members and affiliates. <input type="checkbox"/>	9 Total expenses and disbursements. From Side 2, Part II, line 18. <input type="checkbox"/>	12 Use tax. See General Information K. <input type="checkbox"/>
3 Gross contributions, gifts, grants, and similar amounts received. <input type="checkbox"/>	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input type="checkbox"/>	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. <input type="checkbox"/>
4 Total gross receipts for filing requirement test. Add line 1 through line 3. 82,499.	11 Total costs. Add line 5 and line 6. <input type="checkbox"/>	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. <input type="checkbox"/>
5 Cost of goods sold. <input type="checkbox"/>	12 Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>	15 Penalties and interest. See General Information J. <input type="checkbox"/>
6 Cost or other basis, and sales expenses of assets sold. <input type="checkbox"/>	13 Total expenses and disbursements. Subtract line 9 from line 8. <input type="checkbox"/>	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result. <input checked="" type="checkbox"/>
7 Total costs. Add line 5 and line 6. <input type="checkbox"/>	14 Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>	
8 Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>	15 Total costs. Add line 5 and line 6. <input type="checkbox"/>	
9 Total expenses and disbursements. From Side 2, Part II, line 18. <input type="checkbox"/>	16 Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>	
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input type="checkbox"/>		
11 Total payments. <input type="checkbox"/>		
12 Use tax. See General Information K. <input type="checkbox"/>		
13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. <input type="checkbox"/>		
14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. <input type="checkbox"/>		
15 Penalties and interest. See General Information J. <input type="checkbox"/>		
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result. <input checked="" type="checkbox"/>		

Sign Here Signature of officer **LISA TUCKER HOOD** Title **DIRECTOR** Date

Paid Preparer's Use Only Preparer's signature **LISA TUCKER HOOD** Firm's name (or yours, if self-employed) **A-1 MULTI BUSINESS CENTER** Firm's FEIN **P00220262** Telephone **(661) 489-3335** Check if self-employed

May the FTB discuss this return with the preparer shown above? See instructions. Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.

Telephone **(661) 489-3335** Date

Telephone **(661) 393-1353** Telephone **77-0547818**

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	
		(a)	(b)	(c)	(d)
1	Gross sales or receipts from all business activities. See instructions.				
2	Interest				
3	Dividends				
4	Gross rents				
5	Gross royalties				
6	Gross amount received from sale of assets (See instructions)				
7	Other income. Attach schedule				
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.				
9	Contributions, gifts, grants, and similar amounts paid. Attach schedule				
10	Disbursements to or for members.				
11	Compensation of officers, directors, and trustees. Attach schedule.				
12	Other salaries and wages				
13	Interest				
14	Taxes				117.
15	Rents				
16	Depreciation and depletion (See instructions)				
17	Other expenses and disbursements. Attach schedule.				
18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.				60,112.
					60,229.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
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		46,853.		69,123.
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				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		46,853.		69,123.

Schedule M-1 Reconciliation of income per books with income per return

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	22,270.	
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.	22,270.	
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.		22,270.
	Subtract line 9 from line 6.		

3/28/22

12:21PM

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 EBP & DC	Expense Account/ Other
RAMONA PUGET 15401 LAKE BERRYESSA CT. BAKERSFIELD, CA 93314	Director 40.00	\$ 0.	\$ 0.	0.
NIKKI LEWIS 10108 GRANBERRY 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	4,536.
BUSINESS LICENSE	\$ 30.
DMV	10.
EDUCATION AND SEMINARS	1,743.
Insurance	2,495.
Legal Fees	475.
MEMBERSHIP DUES	382.
Office Expenses	5,993.
OFFICE RENT	17,910.
PHONE INTERNET	1,664.
PHONE LINES	2,045.
Postage and Shipping	854.
PROGRAMS/LEGO/HOLIDAY PROJECT	4,600.
STORAGE UNIT	1,312.
SUPPORT GROUPS	13,178.
WEBSITE & INTERNET	2,885.
Total	\$ 60,112.