

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

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 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.

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:

6a Gross income from gaming (attach Schedule G if greater than \$15,000).

6b Gross income from fundraising events (not including \$_____ of contributions

from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).

6c Less: direct expenses from gaming and fundraising events.

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).

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.

16 Other expenses (describe in Schedule O). **854.**

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).

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.

D Employer identification number **82-4366327**

E Telephone number **(661) 489-3335**

F Group Exemption Number

Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

AUTISM SOCIETY OF AMERICA-KERN AUTISM NETWORK, INC.
8200 STOCKDALE HWY, M-10
BAKERSFIELD, CA 93311

Part II Balance Sheets (See the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

22	Cash, savings, and investments	46,853	22	69,123
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	46,853	25	69,123
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,853	27	69,123

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

28	Membership support		28a	
29	Paint Fundraiser		29a	
30	Holiday Projects		30a	
31	Other program services (describe in Schedule O) See Schedule O		31a	
32	Total program service expenses (add lines 28a through 31a)		32	

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RAMONA PUGET Director	40	0	0	0
NIKKI LEWIS Treasurer	2	0	0	0
ANGIE GONZALEZ Secretary	2	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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), 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. 0 37a

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 amount involved. 0 38b

39 Section 501(c)(7) organizations. Enter: 0 39a 0 39b

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

40b 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. Yes No

40c 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. 0 40c

40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0 40d

40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8885-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 8200 STOCKDALE HWY, M-10 BAKERSFIELD CA 93311 Telephone no. (661) 489-3335 ZIP + 4 93311

42b 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

42c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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

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

44b 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

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

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

44e 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

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)

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

Employer identification number

82-4366327

AUTISM SOCIETY OF AMERICA-KERN AUTISM NETWORK, INC.

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)(iv) and 170(b)(1)(A)(v)

(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 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.	39,488.	64,029.	0.	0.	0.	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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	39,488.	64,029.	0.	0.	0.	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 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 2021 (line 6, column (f), divided by line 11, column (f)). %

15 Public support percentage from 2020 Schedule A, Part II, line 14. %

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.

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.

19 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

20 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.

21 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

22 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

23 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

24 10%-facts-and-circumstances test-2016. 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 1-8 detailing public support calculations including gifts, gross receipts, and public support percentages.

Section B. Total Support

Table with 6 columns: Calendar year (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows 9-14 detailing total support components like unrelated business taxable income, net income, and other income.

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

Table with 2 columns: Investment income percentage for 2021 (line 10c, column (f)) and 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.

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?

b A family member of a person described on line 11a above?

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.

11a	X	
11b	X	
11c	X	
	Yes	No

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.

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 D. All Type III 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		X

Section E. Type III Functionally Integrated 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 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.

	Yes	No
1		X
2		X
3		X

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.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		X
2b		X
3a		X
3b		X

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

1	Net short-term capital gain		(A) Prior Year	(B) Current Year (optional)
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

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) Prior Year	(B) Current Year (optional)
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

1	Adjusted net income for prior year (from Section A, line 8, column A)	1		Current Year
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	<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 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

Open to Public Inspection

2021

OMB No. 1545-0047

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

Program Service Expenses	Grants	Description
		Autism awareness
		Includes Foreign Grants: No
		Includes Foreign Grants: No
Total \$		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

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

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.**
 California corporation number: **4099630**

Street address (suite or room): **8200 STOCKDALE HWY., M-10**
 City: **BAKERSFIELD**
 State: **CA**
 Zip code: **93311**
 Foreign province/state/county: _____
 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? Yes No

E Check accounting method: Enter date: (mm/dd/yyyy) _____
 1 Cash 2 Accrual 3 Other
 F Federal return filed? 1 990T 2 990-PF 3 Sch H (990)
 4 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.	7	Total costs. Add line 5 and line 6.	11	Total payments.
2	Gross dues and assessments from members and affiliates.	8	Total gross income. Subtract line 7 from line 4.	12	Use tax. See General Information K.
3	Gross contributions, gifts, grants, and similar amounts received.	9	Total expenses and disbursements. From Side 2, Part II, line 18.	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.
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.	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.
5	Cost of goods sold.	11		15	Penalties and interest. See General Information J.
6	Cost or other basis, and sales expenses of assets sold.	12		16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result.
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Sign Here
 Signature of officer: _____
 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 address and address: **1010 AIRPORT DR. BAKERSFIELD, CA 93308**
 Preparer's telephone: **(661) 489-3335**
 Preparer's PTIN: _____
 Preparer's FEIN: **P00220262**
 Preparer's 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.

Schedule L Balance Sheet		Beginning of taxable year	End of taxable year
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		
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.		
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California Statements
 AUTISM SOCIETY OF AMERICA-KERN AUTISM
 NETWORK, INC.

Client AUTISM2

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 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	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.