EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016					
Open to Public					
Inspection					

OMB No. 1545-0047

BAKERSTELD, CA 93301 Fame and address of principal officer KRISTEN A BEALL Fame and address and similar amounts paid (Part VIII, ulne 10) Fame and address and similar amounts paid (Part VIII, ulne 20) Fame and address and similar amounts paid (~ ·	OI LITE	s 20 10 calendar year, or tax year beginning	enung	_	
Service Serv	B c	heck if pplicabl	C Name of organization		D Employer identifi	cation number
Dono business as						
Number and street of P.D. box If mail is not delivered to Street address) Reconsisting Rec		Name chang	Doing business as		46-2	637218
City or town, state or province, country, and ziP or foreign postal code A S 3 3 0		Initial Ireturn □Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
BAKERSTELD, CA 93301 Fame and address of principal officer KRISTEN A BEALL Fame and address and similar amounts paid (Part VIII, ulne 10) Fame and address and similar amounts paid (Part VIII, ulne 20) Fame and address and similar amounts paid (termin			<u> </u>	9.
Plane and address of principal officer KRISTEN A. BEALL Savo TRUXTUN AVE., STE. 220, BAKERSFIELD, CA To subordinates? Ves No No No No No No No No		Amen			-	
Tax Excempts 1 status: X 010(0)3 501(0)		Applic				
Tax-exempt status:		tion pendir	13300 TRILYTIN AVE. STE 220 BAKERSETE	דים כז		····· — —
Websites: ► N / A Hcj Group exemption number ► Lyder of formation: Z013 Mr State of legal domicile; C/ Part Summary Lyder of formation; Z013 Mr State of legal domicile; C/ Part Summary Lyder of formation; Z013 Mr State of legal domicile; C/ Part Summary Lyder of formation; Z013 Mr State of legal domicile; C/ Part Summary Lyder of formation; Z013 Mr State of legal domicile; C/ Part Summary Lyder of formation; Z013 Mr State of legal domicile; C/ Part Summary Lyder of formation; Z013 Mr State of legal domicile; C/ Part Summary Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of legal domicile; C/ Part Lyder of formation; Z013 Mr State of lyder					7 ' '	
The formal or arganization: X Corporation Trust Association Other L Year of formation: 2013 M State of legal domicile: C/Part Summary 1 Briefly describe the organization's mission or most significant activities: KERN REAL ESTATE FOUNDATION FUNCTIONS EXCLUSIVELY TO BENEFIT AND SUPPORT THE KERN COMMUNITY 2 Check this box Life Trust				01 321	⊣ ,	
The program service revenue (Part VIII, column (A), lines 3.4, and 7d) Sometiment and similar amounts paid (Part VI, column (A), lines 13.1 (route revenue) and lines 8 through 11 (must equal Part VIII, column (A), lines 13.1 (route repeated speakes) (Part X, column (A), lines 13.1 (route requires) (Part X, column (A), line 25) (Part X, line 16) (Part X, line 26) (Part X, column (A), line 112) (Part X, column (A), lines 13.1 (Part X, column (A), line 112) (Part X,				I Voor		
Birdify describe the organization's mission or most significant activities: KERN REAL ESTATE FOUNDATION FUNCTIONS EXCLUSIVELY TO BENEFIT AND SUPPORT THE KERN COMMUNITY				L Year	or formation. ZUIS	VI State of legal doffliche, CA
FUNCTIONS EXCLUSIVELY TO BENEFIT AND SUPPORT THE KERN COMMUNITY Check this box				PEAT.	ESTATE FOIN	ΠΔΠΤΟΝ
B Net unrelated business taxable income from 990-T, line 34	ance		FUNCTIONS EXCLUSIVELY TO BENEFIT AND SUP	PORT !	THE KERN COM	MUNITY
B Net unrelated business taxable income from Porm 990-T, line 34	ern	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net a	ssets.
B Net unrelated business taxable income from 990-T, line 34	Š	l	0 0 1 7 7 7			7
B Net unrelated business taxable income from 990-T, line 34	æ					7
B Net unrelated business taxable income from 990-T, line 34	ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			0
B Net unrelated business taxable income from 990-T, line 34	Ĭ		. , , , , , , , , , , , , , , , , , , ,			8
Section Prior Year Current Year 0	Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
8 Contributions and grants (Part VIII, line 1h) 0 0 0		b	Net unrelated business taxable income from Form 990-T, line 34		_	
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1+9) 17 Other expenses (Part IX, column (A), line 1+9) 18 Total expenses, Add lines 13-17 (must equal Part IX, line 1+9) 19 Revenue less expenses. Subtract lines 11a-11d, 11f-24e) 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Na assets or fund balances. Subtract line 21 from line 20 24 Na other penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Perpart II Signature of officer NANCY C. BELTON, CPA Firm's name DANIELLS PHILLIPS VAUGHAN & BOCK Firm's name BAKERSFIELD, CA 9 3309 Phone no. 661 – 834 – 7411 May the IRS discuss this return with the preparer shown above? (see instructions)				_		
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ē	8	Contributions and grants (Part VIII, line 1h)			
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ēn		• • • • • • • • • • • • • • • • • • • •			
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	že					9.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 24 , 016. 14 , 892 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. PrimtType preparer's name NANCY C. BELTON, CPA Preparer Isignature of officer WARNCY C. BELTON, CPA Firm's name DANIELLS PHILLIPS VAUGHAN & BOCK Firm's address 300 NEW STINE ROAD BAKERSFIELD, CA 93309 Phone no. 661-834-7411 May the IRS discuss this return with the preparer shown above? (see instructions)						9.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
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Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here		19	Revenue less expenses. Subtract line 18 from line 12		<u> </u>	
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Sign Here Signature of officer Date						y knowledge and belief, it is
Here KRISTEN A. BEALL, PRESIDENT & CEO	true,	correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.	
Here KRISTEN A. BEALL, PRESIDENT & CEO			Cianature of officer		Doto	
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Print/Type preparer's name NANCY C. BELTON, CPA Preparer Firm's name DANIELLS PHILLIPS VAUGHAN & BOCK Firm's address DANIELLS PHILLIPS VAUGHAN & BOCK Firm's address DANIELLS PHILLIPS VAUGHAN & BOCK Firm's address DANIELLS PHILLIPS VAUGHAN & BOCK Firm's EIN D95-2972229 BAKERSFIELD, CA 93309 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Her	е				
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Preparer Use Only Firm's name DANIELLS PHILLIPS VAUGHAN & BOCK Firm's EIN 95-2972229 BAKERSFIELD, CA 93309 May the IRS discuss this return with the preparer shown above? (see instructions)					Check L	-
Use Only Firm's address 300 NEW STINE ROAD BAKERSFIELD, CA 93309 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No.				77		
BAKERSFIELD , CA 93309 Phone no. 661 – 834 – 7411 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No.	-			K	Firm's EIN	95-49/4449
May the IRS discuss this return with the preparer shown above? (see instructions)	Use	Unly				1 004 5444
					Phone no. 6 6	
***	May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Ра	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KERN REAL ESTATE FOUNDATION FUNCTIONS EXCLUSIVELY TO BENEFIT AND
	SUPPORT THE KERN COMMUNITY FOUNDATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
•	
3	3 7 71 3
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4 , 567 • including grants of \$) (Revenue \$)
	KERN REAL ESTATE FOUNDATION FUNCTIONS EXCLUSIVELY TO BENEFIT AND
	SUPPORT THE KERN COMMUNITY FOUNDATION.
4b	(Code:) (Expenses \$
40	(Code) (expenses \$) (revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	4 F.C.7
	Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	46.	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		1/h		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	0		_ -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		25
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? If Test, complete schedule E, Farth	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		х
20		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22	Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	- 21	
34		04	Х	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	- 21	х
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	255		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	Λ	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part v					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		^			
	filed for the calendar year ending with or within the year covered by this return		0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					Х
	-			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial			4-		x
h	If "Yes," enter the name of the foreign country:	accou	пц,	4a		21
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	ate (EBAD)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			- 00		
ou	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		Ī			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	. د ا	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ر				
40	amounts due or received from them.)	11b	<u> </u>	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	r I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			ısa		
h	Note. See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
D	11 105, That it filed a 1 offil 120 to report these payments! If Two, provide an explanation in schedul				000	(2016)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,,
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the second state of the second stat	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Other (explain in Schedule O)	ച Հ :	_:_!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı tınan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► DANETTE RINEHART - 661-325-5346			
	3300 TRUXTUN AVE, STE. 220, BAKERSFIELD, CA 93301			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title Average hours per week (list any hours for related organizations below line) Average hours per week (Ist any hours for related organizations below line) (1) KRISTEN A. BEALL Average hours per week (Ist any hours for related organizations below line) Average hours per week (Iist any hours for related organizations below line) Average hours per week (Iist any hours for related organizations below line) Average hours per week (Iist any hours for related organizations below line) Average hours per week (Iist any hours for related organizations below line) Average hours per week (Iist any hours for related organization line) Average hours per week (Iist any hours for related organization line) Average hours per week (Iist any hours for related organization line) Average hours per week (Iist any hours for related organization line) Average hours per week (Iist any hours for related organization line) Average hours per week (Iist any hours for related organization line) Average hours per we than one compensation from the organization line) (W-2/1099-MISC) Average hours per we than one compensation from the organization line) Average hours per we hour in the line organization line	Check this box if neither the organizati		orga	aniza			npe	nsat			
hours per week (list any hours for related organizations below line) (1) KRISTEN A. BEALL 5.00 PRESIDENT & CEO X X X 0.135,244. (2) DUANE A. KEATHLEY 1.00 CHAIR X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(A)	(B)			((C)			(D)	(E)	(F)
hours per week (list any hours for related organizations below line) (1) KRISTEN A. BEALL PRESIDENT & CEO (2) DUANE A. KEATHLEY CHAIR (3) MICHAEL C. YOUNG SECRETARY (4) DIANE L. WHITE TREASURER (5) GREGORY D. BYNUM DIRECTOR (6) ANTHONY R. OLIVIERI Down, unless person is both and director/trustee) (list any hours for related organization from the organization (W-2/1099-MISC)) The organization from the organization (W-2/1099-MISC) The organization of the	Name and Title	_	(do	not c	heck	more	than	one	I .		
Week (list any hours for related organizations below line) First Nature			box	, unle	ss pe	rson	is bot	h an			
(1) KRISTEN A. BEALL 5.00			\vdash) 		1		T			
(1) KRISTEN A. BEALL 5.00			irecto								
(1) KRISTEN A. BEALL 5.00		l l	e or d	tee			sated			(W-2/1099-WII3C)	
(1) KRISTEN A. BEALL 5.00		I	ruste	l trus		ee Ge	nbeu		(***2/1033***********************************		
(1) KRISTEN A. BEALL 5.00			dualt	tiona		oldu	st co.	_			
(1) KRISTEN A. BEALL 5.00			Individ	Institu	Office.	Key er	Highe emplo	Forme			
CHAIR	(1) KRISTEN A. BEALL	5.00									
CHAIR			Х		Х				0.	135,244.	0.
SECRETARY X X 0.	(2) DUANE A. KEATHLEY	1.00							_	_	_
X X 0. 0. 0.			Х		X				0.	0.	0.
(4) DIANE L. WHITE 1.00 TREASURER X X 0. 0. 0. (5) GREGORY D. BYNUM 1.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (6) ANTHONY L. LEGGIO X 0. 0. 0. 0. (7) ANTHONY R. OLIVIERI 1.00 0. 0. 0. 0. 0.		1.00									
TREASURER X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1 00	Х		Х				0.	0.	0.
1.00		1.00	,,		,,						_
DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1 00	X		X				0.	0.	0.
(6) ANTHONY L. LEGGIO DIRECTOR X 0. 0. 0.		1.00	. ,								_
DIRECTOR X 0. 0. 0. (7) ANTHONY R. OLIVIERI 1.00		1 00	^						0.	0.	0.
(7) ANTHONY R. OLIVIERI 1.00		1.00								_	0
		1 00	^						0.	0.	0.
		1.00	v						0	<u> ۱</u>	<u> </u>
	DIRECTOR								0.	0.	•
							_				

	t VII Section A. Officers, Directors, True (A)	(B)			(((D)	(E)			(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable		Ec	ור) timate	h
	Name and title	hours per		(do not check more than one box, unless person is both an					compensation	compensation			nount	
		week					or/trus		from	from related			other	<i>3</i> 1
		(list any	tor						the	organization			pensa	tion
		hours for	dire				pg Gg		organization	(W-2/1099-MIS		from t		
		related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizati	ion
		organizations	altrus	nal tr		oyee	omp						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		iii ie)	릴	lus	₽	Ş.	E E	윤						
			_											
			1											
			1											
										125 2	4.4			
	Sub-total								0.	135,24	0.			0.
	Total from continuation sheets to Part V								0.	135,24				0.
<u>a</u>	Total (add lines 1b and 1c) Total number of individuals (including but i									·				
2	compensation from the organization	iot iiiiiited to ti	1036	IISLE	ou ai	DOV	<i>5)</i> WI	10 1	eceived more than \$100	,,000 of reportable	i c			0
	<u>-</u>												Yes	No
3	Did the organization list any former officer				•	•	•							v
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	•							•	•		4		Х
5	Did any person listed on line 1a receive or											4		
3	rendered to the organization? If "Yes," con					-						5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization. Report compensation for										npens	ation f	rom	
	(A)					VICI 1	0. 11		(B)			(C		
	Name and business	address	N	INC	3				Description of s	services	C	omper	nsatio	<u> </u>
2	Total number of independent contractors (including but n	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ						0		•					
												Form 9	990 (2	2016)

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Pa	rt V	Ш	Statement of Rever	nue					-
			Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 :	a F	Federated campaigns	1a					
Gra Ioui		b N	Membership dues	1b					
ts, (Am		c F	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts		d F	Related organizations	1d					
ns, jimi		е (Government grants (contribut	tions) 1e					
er S		f /	All other contributions, gifts, gran	its, and					
ξġ		S	similar amounts not included abo	ve 1f					
ont od (-	Noncash contributions included in lines						
<u>a</u>		h 1	Total. Add lines 1a-1f						
					Business Code				
Program Service Revenue	2	_							
er.		b _							
m S ven		с							
gra Re		d _							
Pro		e _	A II						
_			All other program service reve						
_	3		Total. Add lines 2a-2fnvestment income (including						
	Ü		other similar amounts)			9.			9.
	4		ncome from investment of ta						
	5		Royalties						
		·		(i) Real	(ii) Personal				
	6	a (Gross rents	· ·					
		b L	_ess: rental expenses						
			Rental income or (loss)						
		d N	Net rental income or (loss)						
	7	a (Gross amount from sales of	(i) Securities	(ii) Other				
		a	assets other than inventory						
		b L	_ess: cost or other basis						
			and sales expenses						
			Gain or (loss)	•					
			Net gain or (loss)		······ ►				
Other Revenue	8		Gross income from fundraisin ncluding \$						
eve		c	contributions reported on line	1c). See					
표		F	Part IV, line 18	а					
Ě		b L	_ess: direct expenses	b					
Ŭ		c l	Net income or (loss) from fund	draising events	>				
	9		Gross income from gaming a						
		F	Part IV, line 19	a					
			_ess: direct expenses						
			Net income or (loss) from gam		▶				
	10		Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		c l	Net income or (loss) from sale						
	4.4		Miscellaneous Revenu		Business Code				
	11	-			 				-
		b _							
		C _	All other revenue						
			All other revenue						
	12		Total revenue. See instructions.			9.	0.	0.	9.
							· • •	<u> </u>	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management Legal 3,075. 1,538. 1,153. 384. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,500. 1,750. 1,313. 437. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 48. 24. 18. 6. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 1,680. 840. 630 210. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) TAXES & LICENSES 830. 415. <u>311.</u> 104. b С All other expenses е 9,133 4,567. 3,425 1,141. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X .			
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	24,016.	1	14,892.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ıting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\mbox{\tiny L}}$		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 24 01 6	15	14 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,892.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees			
ij		key employees, highest compensated employees, and disqualified persons		00	
Lia	22	Complete Part II of Schedule L		22	
	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X an	*****		
ű		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	24,016.	27	14,892.
ala	28	Temporarily restricted net assets		28	-
ф	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
Þ		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
\ss(31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	24,016.		14,892.
	34	Total liabilities and net assets/fund balances	04016	34	14,892.

Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9.
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,1	33.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	9,1	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	4,0	16.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	4,8	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization

KERN REAL ESTATE FOUNDATION

Employer identification number 46-2637218

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). 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: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. J 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) KERN COMMUNITY 77-0555874 10 0. FOUNDATION X 0. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1-) 0040	(-) 004.4	(-1) 0045	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
۵	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	•					• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2016 (column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		>
b	10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	l stop here. Explai	n in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶
					Sch	edule A (Form 990	0 or 990-EZ) 2016

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	, ,						
	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (line 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2016. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20							

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 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	X	
2		Х
3a		Х
3b		
3c		
10		Х
4a		21
4b		
4c		
_		Х
5a		
5b		
5c		
- 55		
6		X
7		Х
,		
8		Х
		v
9a		Х
9b		Х
30		
9с		Х
		v
10a		Х
10b		
990 or 9	990-EZ	2016

Pa	rt IV Supporting Organizations _(continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
С	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.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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	Х	
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		х
Sec	tion C. Type II Supporting Organizations			
	tion of Type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	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		
Sec	tion D. All Type III Supporting Organizations	'		
	tion 5.7th Type in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	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	4		
•	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 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.	3		
	tion 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 yea(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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	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		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

D 110	(Form 600 c) 600 L2) 2010
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.)
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KERN REAL ESTATE FOUNDATION

Employer identification number 46-2637218

Pai	rt I Organizations Maintaining Donor Advised		Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets hold in depar adv	inod fundo
3	_	_	
•	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or or		
Dai	impermissible private benefit?	riesting argument IIVanii an Farra 000	Yes No
	·		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		And all times a And I am I am
	Preservation of land for public use (e.g., recreation or edu	· —	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aft	·	1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ration easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
	conservation easements.	A	O
Pai	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas		ial gain, provide
	the following amounts required to be reported under SFAS 116	· ·	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	easures,	or Oth	er Simil	ar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following that	at are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	the organizat	ion's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	ner simila	r assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered	"Yes" or	Form 990	0, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contributio	ns or other as	ssets not	included		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has beer	n provided or	Part XII	l			
Pai										
	·	(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	,		•	1					
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1	a column (a)) held as:	<u>l</u>				
	Board designated or quasi-endowment	•	%	g, coluitii (ajj ricia as.					
	Permanent endowment	%	_′°							
	Temporarily restricted endowment	^% %								
·	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses		ation the	at are held s	and administ	ared for t	he organi	zation		
ou	by:	ssion of the organiza	ation the	at are ricid t	and administ	Sicu ioi t	inc organi.	zation		res No
	•									140
										-
h	(ii) related organizations	ione lietod ae roquir	rod on S	chodulo P2)				3b	_
4	Describe in Part XIII the intended uses of the								SU	
<u> </u>	t VI Land, Buildings, and Equipme		willelit	iuiius.						
ı aı	Complete if the organization answered) Dort I\	/ lino 11a 9	Soo Form 00	n Dart V	lino 10			
		1		·		<u> </u>			(al) Dools	
	Description of property	(a) Cost or or basis (investn		. ,	t or other (other)		ccumulate preciation		(d) Book	value
	Land	,	nont)	Dasis	(Outlet)	ue	preciation			
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		V aal:::	(D) //	10-1					0

Schedule D (Form 990) 2016 KERN REAL E	STATE	FOUNDA	TION			46-	-2637218	Page
Part VII Investments - Other Securities.								
Complete if the organization answered "Yes"	on Form 99	0, Part IV, lin	e 11b. See Form	n 990, F	Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Bo	ook value	(c) Metho	od of va	luation: Co	st or end	of-year market	value
(1) Financial derivatives								
(2) Closely-held equity interests								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								,
(G)								
(H)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)								
Part VIII Investments - Program Related.								
Complete if the organization answered "Yes"	on Form 99	0, Part IV, lin	e 11c. See Form	n 990, F	Part X, line	13.		
(a) Description of investment	(b) Bo	ook value	(c) Metho	od of va	luation: Co	st or end	of-year market	value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)								
Part IX Other Assets.								
Complete if the organization answered "Yes"	on Form 99	0, Part IV, lin	e 11d. See Form	n 990, F	Part X, line	15.		
(a)	Description						(b) Book va	alue
(1)								
(2)								•
(3)								
(4)								•
(5)								
(6)								
(7)								
(8)								,
(9)								,
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)					▶		
Part X Other Liabilities.								
Complete if the organization answered "Yes"	on Form 99	0, Part IV, lin	e 11e or 11f. Se	e Form	990, Part 2	K, line 25.		
1. (a) Description of liability			(b) Book value	:				
(1) Federal income taxes				-				

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

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	edule D (Form 990) 2016 REKN KEAL ESTATE FOUNDA		40-2037210	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
D -	rt XIII Supplemental Information			

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

PART X, LINE 2:

THE FOUNDATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public

Employer identification number

Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

46-2637218 KERN REAL ESTATE FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOUNDATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FOUNDATION'S BOARD OF DIRECTORS REVIEWS FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION PROVIDES ALL NEW DIRECTORS & EMPLOYEES WITH A CONFLICT OF INTEREST FORM. CONTINUING DIRECTORS & EMPLOYEES ARE REQUIRED TO UPDATE THE FORM ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990 IS AVAILABLE ON THE KERN COMMUNITY FOUNDATION'S WEBSITE, WWW.KERNFOUNDATION.ORG, VIA THE "ABOUT US" SECTION AT THE "FINANCIAL OVERVIEW" TAB. FORM 990, PART IX, LINE 11G, OTHER FEES: GH CONTRACT FEES: PROGRAM SERVICE EXPENSES 1,750. MANAGEMENT AND GENERAL EXPENSES 1,313. 437. FUNDRAISING EXPENSES TOTAL EXPENSES 3,500. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,500. FORM 990, PART XII, LINE 1: SECTION 1.263(A)-1(F)DE MINIMIS SAFE HARBOR ELECTION

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization KERN REAL ESTATE FOUNDATION	Employer identification number 46-2637218
FOR THE YEAR ENDING DECEMBER 31, 2016	
KERN REAL ESTATE FOUNDATION, EIN 46-2637218 IS MAKING THE	DE MINIMIS
SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).	
FORM 990 PART XII, LINE 2C	
THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A	CONSOLIDATED
BASIS, AS IN PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

KERN REAL ESTATE FOUNDATION

OMB No. 1545-0047 **2016**

Open to Public Inspection

Employer identification number

46-2637218

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes" o	on Form 990, Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
- 77-0555874, 3300 TRUXTUN AVE, SUITE 220,	COMMERCIAL REAL PROPERTY				KERN REAL ESTATE
BAKERSFIELD, CA 93301	FOR LIABILITY PURPOSES	CALIFORNIA	0.	8,292.	FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
KERN COMMUNITY FOUNDATION - 77-0555874	FOSTERING COMMUNITY						
3300 TRUXTUN AVENUE, SUITE 220	PHILANTHROPY AND SERVING						
BAKERSFIELD, CA 93301	AS A CHARITABLE RESOURCE	CALIFORNIA	501(C)(3)	LINE 7			X

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
							<u> </u>				
	-										
	1										
											-
	1										
	1										
	1										
						<u> </u>					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	CITA	tion b)(13) rolled city?
		20							

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or more	e related organizations listed	in Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X			
b	b Gift, grant, or capital contribution to related organization(s)			1b		X			
С	c Gift, grant, or capital contribution from related organization(s)			1c		X			
	d Loans or loan guarantees to or for related organization(s)			1d		X			
	Loans or loan guarantees by related organization(s)			1e		X			
f	f Dividends from related organization(s)			1f		X			
g	g Sale of assets to related organization(s)			1g		X			
h	h Purchase of assets from related organization(s)			1h		X			
i	i Exchange of assets with related organization(s)			1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		X			
-									
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		X			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11		X			
m	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		X			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X			
	o Sharing of paid employees with related organization(s)								
р	p Reimbursement paid to related organization(s) for expenses			1p		X			
	Reimbursement paid by related organization(s) for expenses			1q		X			
r	r Other transfer of cash or property to related organization(s)			1r		X			
	s Other transfer of cash or property from related organization(s)			1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on who must complete								
	(a) (b) Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	lved					
1)									
2)									
3)									
4)									
5)									
6)	20								

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	Are a partners 501(c orgs)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	ali s sec.	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percenta
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	partn	r? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	<u>.</u>
			,	163	140			163	110	,	103	
				\vdash					-		\vdash	_
												<u> </u>
								L	L			
										1		