

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20__

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

KERN COMMUNITY FOUNDATION

77-0555874

Name and title of officer

**KRISTEN A. BEALL WATSON
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,599,155.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **DANIELLS PHILLIPS VAUGHAN & BOCK** to enter my PIN **25600**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77601893309

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

15411028 131596 25600

2019.04030 KERN COMMUNITY FOUNDATION

25600__1

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KERN COMMUNITY FOUNDATION		D Employer identification number 77-0555874
	Doing business as		E Telephone number 661-325-5346
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3300 TRUXTUN AVENUE, SUITE 220		G Gross receipts \$ 9,396,221.
	City or town, state or province, country, and ZIP or foreign postal code BAKERSFIELD, CA 93301		
F Name and address of principal officer: KRISTEN A. BEALL WATSON 3300 TRUXTUN AVE., STE. 220, BAKERSFIELD, CA		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 1999 M State of legal domicile: CA	
J Website: ▶ WWW.KERNFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KERN COMMUNITY FOUNDATION'S MISSION IS GROWING COMMUNITY AND GROWING PHILANTHROPY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	125
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,183,083.	6,392,286.
	9 Program service revenue (Part VIII, line 2g)	335,642.	357,498.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	633,275.	849,371.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,152,000.	7,599,155.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,868,960.	2,159,062.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	420,280.	428,726.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 103,473.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	641,209.	784,210.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,930,449.	3,371,998.	
19 Revenue less expenses. Subtract line 18 from line 12	1,221,551.	4,227,157.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,007,863.	End of Year 27,432,024.
	21 Total liabilities (Part X, line 26)	3,683,220.	3,667,783.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,324,643.	23,764,241.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	KRISTEN A. BEALL WATSON, PRESIDENT & CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MARIANNE A. DIAZ, EA		
Preparer Use Only	Firm's name ▶ DANIELLS PHILLIPS VAUGHAN & BOCK	Firm's EIN ▶ 95-2972229	Check if self-employed <input type="checkbox"/> PTIN P01233494
	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) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: KERN COMMUNITY FOUNDATION'S MISSION IS GROWING COMMUNITY AND GROWING PHILANTHROPY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,572,953. including grants of \$ 2,159,062.) (Revenue \$ 357,498.) KERN COMMUNITY FOUNDATION IS IN BUSINESS TO SERVE AS A CHARITABLE RESOURCE FOR LOCAL DONORS AND CORPORATIONS AND TO GENERATE CAPITAL THAT PROVIDES PHILANTHROPIC SOLUTIONS TO HELP MAKE KERN COUNTY A BETTER PLACE TO LIVE, TO WORK AND TO VISIT. THE FOUNDATION IS HOME FOR LOCAL PHILANTHROPISTS, WITH MORE THAN 160 NAMED FUNDS THAT HELP DONORS ORGANIZE AND ACHIEVE MEANINGFUL RESULTS FROM THEIR CHARITABLE GIVING. THE FOUNDATION IS A RESULTS-ORIENTED GRANTMAKER, AWARDING APPROXIMATELY \$2,159,000 IN GRANTS IN 2019. THE FOUNDATION IS A TRUSTED COMMUNITY LEADER FOCUSING ON INITIATIVES SUCH AS COLLEGE ACCESS AND NONPROFIT STRENGTHENING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,572,953.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 []

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE WHITE CHAIR	1.00	X		X				0.	0.	0.
(2) KATE TANDY VICE CHAIR	1.00	X		X				0.	0.	0.
(3) CARLOS SANCHEZ TREASURER	1.00	X		X				0.	0.	0.
(4) KEVIN C. FINDLEY SECRETARY	1.00	X		X				0.	0.	0.
(5) CHANDRASEKHAR COMMURI DIRECTOR	1.00	X						0.	0.	0.
(6) SERGIO DE CASTRO DIRECTOR	1.00	X						0.	0.	0.
(7) DAVID DENISON DIRECTOR	1.00	X						0.	0.	0.
(8) JENNIFER FLOYD DIRECTOR	1.00	X						0.	0.	0.
(9) JEFFREY GUTIERREZ DIRECTOR	1.00	X						0.	0.	0.
(10) MIDGE BOYDSTUN-JIMERSON DIRECTOR	1.00	X						0.	0.	0.
(11) JUSTIN LELAND DIRECTOR	1.00	X						0.	0.	0.
(12) STEPHEN SANDERS DIRECTOR	1.00	X						0.	0.	0.
(13) MARTHA TERRAZAS DIRECTOR	1.00	X						0.	0.	0.
(14) HAROLD HANSEN DIRECTOR	1.00	X						0.	0.	0.
(15) KRISTEN A. BEALL WATSON PRESIDENT & CEO	40.00	X		X				148,173.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							148,173.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							148,173.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,392,286.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,178,607.				
	h Total. Add lines 1a-1f			6,392,286.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code	541610	357,498.	357,498.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			357,498.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			483,663.		483,663.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,152,681.	10,093.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,796,354.	712.			
	c Gain or (loss)	7c	356,327.	9,381.			
d Net gain or (loss)			365,708.		365,708.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			7,599,155.	357,498.	0.	849,371.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,084,062.	2,084,062.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	75,000.	75,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	148,173.	74,087.	55,565.	18,521.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	207,256.	103,627.	77,721.	25,908.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,137.	23,569.	17,676.	5,892.
9 Other employee benefits				
10 Payroll taxes	26,160.	13,080.	9,810.	3,270.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,225.	8,113.	6,084.	2,028.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	385,156.		385,156.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	75.	38.	28.	9.
12 Advertising and promotion				
13 Office expenses	65,944.	32,972.	24,729.	8,243.
14 Information technology				
15 Royalties				
16 Occupancy	49,634.	24,817.	18,613.	6,204.
17 Travel	4,761.	2,381.	1,785.	595.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,813.	21,406.	16,055.	5,352.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,152.	576.	432.	144.
23 Insurance	7,672.	3,836.	2,877.	959.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT LABOR	103,830.	51,915.	38,936.	12,979.
b DUES AND SUBSCRIPTIONS	53,002.	26,501.	19,876.	6,625.
c PRINTING AND MARKETING	23,558.	11,779.	8,834.	2,945.
d MISCELLANEOUS	11,832.	5,916.	4,437.	1,479.
e All other expenses	18,556.	9,278.	6,958.	2,320.
25 Total functional expenses. Add lines 1 through 24e	3,371,998.	2,572,953.	695,572.	103,473.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,119,949.	2	6,211,295.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	147,076.	4	126,197.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	48,197.	9	34,360.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,095.		
	b Less: accumulated depreciation	10b 35,232.	2,015.	10c 863.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	15,690,626.	12	21,059,309.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,007,863.	16	27,432,024.	
Liabilities	17 Accounts payable and accrued expenses	41,031.	17	26,001.
	18 Grants payable	365,494.	18	126,600.
	19 Deferred revenue	546,845.	19	42,134.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,729,850.	25	3,473,048.
	26 Total liabilities. Add lines 17 through 25	3,683,220.	26	3,667,783.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,374,643.	27	22,814,241.
	28 Net assets with donor restrictions	950,000.	28	950,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,324,643.	32	23,764,241.
33 Total liabilities and net assets/fund balances	21,007,863.	33	27,432,024.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,599,155.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,371,998.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,227,157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,324,643.
5	Net unrealized gains (losses) on investments	5	2,212,441.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,764,241.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **KERN COMMUNITY FOUNDATION** Employer identification number **77-0555874**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,758,813.	2,537,346.	2,789,025.	3,183,080.	6,392,286.	16,660,550.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,758,813.	2,537,346.	2,789,025.	3,183,080.	6,392,286.	16,660,550.
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)						
6 Public support. Subtract line 5 from line 4.						16,660,550.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,758,813.	2,537,346.	2,789,025.	3,183,080.	6,392,286.	16,660,550.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	262,559.	280,815.	318,281.	382,205.	483,663.	1,727,523.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						18,388,073.
12 Gross receipts from related activities, etc. (see instructions)					12	1,576,441.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	90.61 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	89.33 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section 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.		
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.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

KERN COMMUNITY FOUNDATION

Employer identification number

77-0555874

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **KERN COMMUNITY FOUNDATION** **Employer identification number** **77-0555874**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	61	
2 Aggregate value of contributions to (during year)	4,945,753.	
3 Aggregate value of grants from (during year)	1,262,434.	
4 Aggregate value at end of year	11,678,623.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,087,588.	1,204,670.	1,061,613.	532,072.	579,584.
b Contributions			50,000.	509,298.	60,000.
c Net investment earnings, gains, and losses	275,760.	-21,330.	138,747.	39,886.	3,517.
d Grants or scholarships	46,750.	70,000.	22,500.	4,800.	101,000.
e Other expenditures for facilities and programs					
f Administrative expenses	26,463.	25,751.	23,190.	14,843.	10,029.
g End of year balance	1,290,136.	1,087,588.	1,204,670.	1,061,613.	532,072.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 26.36 %
 - b Permanent endowment 73.64 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		36,095.	35,232.	863.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				863.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) AGENCY ACCOUNT	21,059,309.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	21,059,309.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	3,441,673.
(3) ACCRUED PAYROLL LIABILITIES	31,375.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,473,048.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION INTENDS TO USE ITS ENDOWMENT TO FUND VARIOUS SCHOLARSHIPS AND SUPPORT THE BAKERSFIELD SYMPHONY ORCHESTRA.

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

Part XIII Supplemental Information (continued)

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. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

KERN COMMUNITY FOUNDATION

77-0555874

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	THE GRANT IS TO BE USED EXCLUSIVELY FOR THE PURPOSE OF SUPPORTING AN ONLINE	75,000.	WIRE TRANSFER	0.		BOOK

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

BOTH THE QUALITY OF WORK DONE AND THE GRANTEE'S PROGRESS TOWARD ACHIEVING THE GOALS OF THE GRANT WILL BE REVIEWED BY THE FOUNDATION. THE FOUNDATION WILL ALSO MONITOR THE CONTINUED COMMITMENT OF PERSONNEL INVOLVED IN THE WORK OF THE GRANT. IN ADDITION, THE FOUNDATION WILL, THROUGHOUT THE TERM OF THE GRANT, CONSIDER WHETHER CONTINUATION OF THE WORK OF THE GRANT IS IN THE INTEREST OF THE GENERAL PUBLIC AND/OR THE FOUNDATION. THE FOUNDATION MAY, AT ITS EXPENSE, MONITOR AND CONDUCT AN EVALUATION OF OPERATIONS UNDER THIS GRANT WHICH MAY INCLUDE VISITS BY REPRESENTATIVES OF THE FOUNDATION OR BY INDEPENDENT EVALUATORS TO OBSERVE THE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO DISCUSS THE PROGRAMS WITH THE GRANTEE'S PERSONNEL. GRANTEE AGREES THAT ACCESS FOR PUPOSES OF EVALUATION SHALL NOT BE UNREASONABLY WITHHELD.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: THE GRANT IS TO BE USED EXCLUSIVELY FOR THE PURPOSE OF SUPPORTING AN ONLINE THEOLOGICAL STUDIES PROGRAM TO TRAIN CHRISTIAN PASTORS IN MALAYSIA.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **KERN COMMUNITY FOUNDATION** Employer identification number **77-0555874**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BAKERSFIELD CHRISTIAN HIGH SCHOOL 12775 STOCKDALE HIGHWAY BAKERSFIELD, CA 93314	77-0121197	501(C)(3)	10,000.	0.			CHARITABLE
BAKERSFIELD COLLEGE FOUNDATION 1801 PANORAMA DRIVE BAKERSFIELD, CA 93305	51-0151490	501(C)(3)	11,571.	0.			CHARITABLE
BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION - PO BOX 2401 - BAKERSFIELD, CA 93303	95-3555043	501(C)(3)	12,250.	0.			CHARITABLE
BAKERSFIELD MUSEUM OF ART 1930 R STREET BAKERSFIELD, CA 93301	77-0125694	501(C)(3)	26,141.	0.			CHARITABLE
BAKERSFIELD MUSIC THEATER 1931 CHESTER AVENUE BAKERSFIELD, CA 93301	23-7351668	501(C)(3)	20,000.	0.			CHARITABLE
BAKERSFIELD POLICE ACTIVITIES LEAGUE - 301 E. 4TH STREET - BAKERSFIELD, CA 93307	77-0375436	501(C)(3)	8,000.	0.			CHARITABLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 71.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAKERSFIELD SYMPHONY ORCHESTRA INC. - 1328 34TH STREET, SUITE A - BAKERSFIELD, CA 93301	95-6001765	501(C)(3)	6,782.	0.			CHARITABLE
BETHANY SERVICES, INC. 1600 E TRUXTUN AVENUE BAKERSFIELD, CA 93305	95-2858936	501(C)(3)	6,497.	0.			CHARITABLE
BETHESDA TEACHING MINISTRY PO BOX 20028 EL CAJON, CA 92021-0900	95-3248137	501(C)(3)	10,000.	0.			CHARITABLE
BOYS & GIRLS CLUBS OF KERN COUNTY 801 NILES STREET, BIN 5J BAKERSFIELD, CA 93385	95-2462246	501(C)(3)	280,500.	0.			CHARITABLE
CALIFORNIA POLYTECHNIC STATE UNIVERSITY, SAN LUIS OBISPO - ADMINISTRATION BLDG., RM 212 - SAN LUIS OBISPO, CA 93407-0201	20-4927897	501(C)(3)	15,000.	0.			CHARITABLE
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - 9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	95-2643086	501(C)(3)	100,675.	0.			CHARITABLE
CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION - 9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	95-2643086	501(C)(3)	15,000.	0.			CHARITABLE
CALIFORNIA STATE UNIVERSITY, FRESNO - 5150 NORTH MAPLE AVENUE, JA64 - FRESNO, CA 93740	94-6003272	501(C)(3)	25,000.	0.			CHARITABLE
CALIFORNIA STATE UNIVERSITY, LONG BEACH - 1250 BELLFLOWER BLVD - LONG BEACH, CA 90840	33-0579971	501(C)(3)	10,000.	0.			CHARITABLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, SACRAMENTO - 6000 J STREET, MS 6052 - SACRAMENTO, CA 95819	94-1347023	501(C)(3)	7,500.	0.			CHARITABLE
CALIFORNIA TROUT 360 PINE STREET 4TH FLOOR SAN FRANCISCO, CA 94609	23-7097680	501(C)(3)	66,000.	0.			CHARITABLE
CATHOLIC CHARITIES 825 CHESTER AVENUE BAKERSFIELD, CA 93301	94-1678938	501(C)(3)	11,000.	0.			CHARITABLE
CHINA LAKE MUSEUM FOUNDATION PO BOX 217 RIDGECREST, CA 93556	77-0340083	501(C)(3)	10,000.	0.			CHARITABLE
CHOICE BOOKS OF WEST COAST 856 S REED AVE STE 10 REEDLEY, CA 93654	77-0571425	501(C)(3)	15,000.	0.			CHARITABLE
CITY OF KING 212 S. VANDERHURST AVENUE KING CITY, CA 93930	94-6000352	501(C)(3)	60,000.	0.			CHARITABLE
CITYSERVE NETWORK 7001 AUBURN STREET BAKERSFIELD, CA 93306	47-3888466	501(C)(3)	26,000.	0.			CHARITABLE
COMMUNITY ACTION PARTNERSHIP OF KERN - 5005 BUSINESS PARK NORTH - BAKERSFIELD, CA 93309	95-2402760	501(C)(3)	8,100.	0.			CHARITABLE
COURT APPOINTED SPECIAL ADVOCATES OF KERN COUNTY (CASA) - 1717 COLUMBUS STREET - BAKERSFIELD, CA 93305	77-0344298	501(C)(3)	6,180.	0.			CHARITABLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSUB FOUNDATION 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	95-2643086	501(C)(3)	156,737.	0.			CHARITABLE
DESERT AREA RESOURCES AND TRAINING 201 E. RIDGECREST BLVD. RIDGECREST, CA 93555	95-2866228	501(C)(3)	11,476.	0.			CHARITABLE
GARDEN PATHWAYS, INC. 1616 29TH STREET BAKERSFIELD, CA 93301	77-0442212	501(C)(3)	49,000.	0.			CHARITABLE
HENRIETTA WEILL MEMORIAL CHILD GUIDANCE CLINIC - 3628 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93309	95-1643391	501(C)(3)	20,575.	0.			CHARITABLE
HIGH DESERT LIGHTHOUSE MINISTRIES (THE LIGHTHOUSE) - 111 BALSAM - RIDGECREST, CA 93555	81-3177017	501(C)(3)	28,000.	0.			CHARITABLE
HOFFMANN HOSPICE 4325 BUENA VISTA ROAD BLDING A BAKERSFIELD, CA 93311	77-0386207	501(C)(3)	25,000.	0.			CHARITABLE
KERN COUNTY MUSEUM FOUNDATION 3801 CHESTER AVE BAKERSFIELD, CA 93301	77-0272697	501(C)(3)	11,500.	0.			CHARITABLE
KERN LITERACY COUNCIL 331 18TH STREET BAKERSFIELD, CA 93301-4928	23-7312722	501(C)(3)	10,000.	0.			CHARITABLE
KERN RIVER VALLEY REVITALIZATION, INC. - PO BOX 567 - LAKE ISABELLA, CA 93240	77-0437023	501(C)(3)	6,700.	0.			CHARITABLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINA LEADERS OF KERN COUNTY PO BOX 2843 BAKERSFIELD, CA 93302	01-0950580	501(C)(3)	25,000.	0.			CHARITABLE
LAURELGLEN BIBLE CHURCH 2801 ASHE ROAD BAKERSFIELD, CA 93309	95-3284978	501(C)(3)	10,000.	0.			CHARITABLE
MCSC KERN WOMEN'S BUSINESS CENTER 201 NEW STINE RD BAKERSFIELD, CA 93311	77-0494600	501(C)(3)	6,399.	0.			CHARITABLE
MISSION AT KERN COUNTY PO BOX 2222 BAKERSFIELD, CA 93303-2222	95-1890705	501(C)(3)	11,747.	0.			CHARITABLE
NORTH KERN CHRISTIAN SCHOOL 710 PETERS STREET WASCO, CA 93280	95-3159575	501(C)(3)	10,166.	0.			CHARITABLE
OUR LADY OF GUADALUPE PARISH SCHOOL - 609 E CALIFORNIA AVENUE - BAKERSFIELD, CA 93307	77-0320170	501(C)(3)	5,100.	0.			CHARITABLE
PLUMAS CORPORATION PO BOX 3880 QUINCY, CA 95971	68-0016418	501(C)(3)	32,445.	0.			CHARITABLE
SAINT ELIZABETH ANN SETON CATHOLIC CHURCH - 12300 REINA ROAD - BAKERSFIELD, CA 93312	94-1294942	501(C)(3)	25,000.	0.			CHARITABLE
SAINT FRANCIS CHURCH 900 H STREET BAKERSFIELD, CA 93304	94-1294942	501(C)(3)	13,530.	0.			CHARITABLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 4417 WILSON ROAD BAKERSFIELD, CA 93309	13-2923701	501(C)(3)	10,500.	0.			CHARITABLE
SALVATION ARMY 1854 FULTON STREET FRESNO, CA 93721	94-1156347	501(C)(3)	20,000.	0.			CHARITABLE
SANTA BARBARA POLICE FOUNDATION PO BOX 91929 SANTA BARBARA, CA 93190	27-2138540	501(C)(3)	33,000.	0.			CHARITABLE
SHAFTER HISTORICAL SOCIETY PO BOX 1088 SHAFTER, CA 93263-1088	95-3445097	501(C)(3)	6,000.	0.			CHARITABLE
SOUTHERN SIERRA COUNCIL BOY SCOUTS OF AMERICA - 2417 M STREET - BAKERSFIELD, CA 93301	95-1642363	501(C)(3)	76,650.	0.			CHARITABLE
STOCKDALE ELEMENTARY PARENT CLUB 7801 KROLL WAY BAKERSFIELD, CA 93309	77-0159339	501(C)(3)	10,500.	0.			CHARITABLE
TEEN SUCCESS INC. 508 VALLEY WAY MILPITAS, CA 95035	45-0702884	501(C)(3)	25,000.	0.			CHARITABLE
THE PLANK FOUNDATION 1400 EASTON DRIVE #107 BAKERSFIELD, CA 93309	77-0114147	501(C)(3)	10,000.	0.			CHARITABLE
THE SALVATION ARMY RIDGECREST CORPS - 151 N. DOWNS - RIDGECREST, CA 93555	22-2406433	501(C)(3)	28,000.	0.			CHARITABLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOGETHER TRANSFORMING A NATION 430 WEST J ST. TEHACHAPI, CA 93561	82-4040611	501(C)(3)	67,200.	0.			CHARITABLE
TROUT UNLIMITED 10035 CHURCH STREET, UNIT 1 TRUCKEE, CA 96161	38-1612715	501(C)(3)	50,000.	0.			CHARITABLE
UNIVERSITY OF CALIFORNIA, BERKELEY 16 SPROUL HALL #1960 BERKELEY, CA 94720-1960	94-6002123	501(C)(3)	18,600.	0.			CHARITABLE
UNIVERSITY OF CALIFORNIA, DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798-9062	94-6036494	501(C)(3)	21,575.	0.			CHARITABLE
UNIVERSITY OF CALIFORNIA, IRVINE 102 ALDRICH HALL IRVINE, CA 92697-2825	95-2226406	501(C)(3)	16,500.	0.			CHARITABLE
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095-7089	95-2250801	501(C)(3)	25,500.	0.			CHARITABLE
UNIVERSITY OF CALIFORNIA, MERCED 5200 N. LAKE ROAD MERCED, CA 95343	94-3250114	501(C)(3)	21,250.	0.			CHARITABLE
UNIVERSITY OF CALIFORNIA, RIVERSIDE - 900 UNIVERSITY AVENUE - RIVERSIDE, CA 92521	95-6006142	501(C)(3)	8,750.	0.			CHARITABLE
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MAIL CODE 0013 - LA JOLLA, CA 92093-0013	95-2872494	501(C)(3)	11,500.	0.			CHARITABLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 2103 SAASB - SANTA BARBARA, CA 93106-3180	95-6006145	501(C)(3)	25,750.	0.			CHARITABLE
UNIVERSITY OF CALIFORNIA, SANTA CRUZ - 1156 HIGH STREET - SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	10,500.	0.			CHARITABLE
UNIVERSITY OF SOUTHERN CALIFORNIA 700 CHILD'S WAY, JHH 324 LOS ANGELES, CA 90089-0914	95-1642394	501(C)(3)	74,250.	0.			CHARITABLE
VALLEY BAPTIST CHURCH 4800 FRUITVALE AVENUE BAKERSFIELD, CA 93308	77-0105090	501(C)(3)	10,000.	0.			CHARITABLE
V-H FAMILIES FOUNDATION 16500 BRIMHALL RD BAKERSFIELD, CA 93314	47-2830482	501(C)(3)	20,000.	0.			CHARITABLE
WEST HILLS COMMUNITY COLLEGE FOUNDATION - 9900 CODY AVE - COALINGA, CA 93210	77-0186793	501(C)(3)	50,000.	0.			CHARITABLE
WOMEN'S CENTER-HIGH DESERT, INC. 134 S. CHINA LAKE BLVD. RIDGECREST, CA 93555	95-3340786	501(C)(3)	28,000.	0.			CHARITABLE
YOUTH 2 LEADERS EDUCATION FOUNDATION - PO BOX 9051 - BAKERSFIELD, CA 93389	77-0398516	501(C)(3)	15,969.	0.			CHARITABLE
YOUTH UNLIMITED GOSPEL OUTREACH PO BOX 10 RANCHO CUCAMONGA, CA 91729-0010	95-6150002	501(C)(3)	12,000.	0.			CHARITABLE

Schedule I (Form 990)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

Part IV

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

PART I, LINE 2:

THE USE OF GRANT FUNDS IS MONITORED BY THE BOARD OF DIRECTORS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **KERN COMMUNITY FOUNDATION** Employer identification number **77-0555874**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	1,178,607.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

KERN COMMUNITY FOUNDATION

Employer identification number

77-0555874

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 B, LINE 15:

THE ORGANIZATION'S BOARD OF DIRECTORS ANNUALLY REVIEW AND APPROVE SALARIES OF PRESIDENT AND CEO AND OTHER KEY EMPLOYEES.

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 XII LINE 2C

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS, AS IN PRIOR YEAR.

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.

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

Name of the organization **KERN COMMUNITY FOUNDATION** Employer identification number **77-0555874**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" 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

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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KERN REAL ESTATE FOUNDATION - 46-2637218 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	TO BENEFIT AND SUPPORT THE KERN COMMUNITY FOUNDATION	CALIFORNIA	501(C)(3)	LINE 12A, I			X

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

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	(c) 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	Name of exempt organization or other filer, see instructions. KERN COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 77-0555874
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3300 TRUXTUN AVENUE, SUITE 220	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BAKERSFIELD, CA 93301	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DANETTE RINEHART

- The books are in the care of ▶ **3300 TRUXTUN AVE, STE. 220 - BAKERSFIELD, CA 93301**
Telephone No. ▶ **661-325-5346** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

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

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

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

2019 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2019

Prepared for	Kern Community Foundation 3300 Truxtun Avenue, Suite 220 Bakersfield, CA 93301
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Balance due \$ 10.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	Your payment should be made as instructed below on or before November 16, 2020. Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board. Mail to: Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

California Exempt Organization
Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

KERN COMMUNITY FOUNDATION

2234366

Additional information. See instructions.

FEIN

77-0555874

Street address (suite or room)

3300 TRUXTUN AVENUE, SUITE 220

PMB no.

City

BAKERSFIELD

State

CA

ZIP code

93301

Foreign country name

Foreign province/state/country

Foreign postal code

- A First Return Yes No
- B Amended Return Yes No
- C IRC Section 4947(a)(1) trust Yes No
- D Final Information Return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy)
- E Check accounting method: (1) Cash (2) Accrual (3) Other
- F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
- G Is this a group filing? See instructions Yes No
- H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?
- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____
- L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required
- M Is the organization a Limited Liability Company? Yes No
- N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,003,935	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	6,392,286	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	9,396,221	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,797,066	00
	7	Total costs. Add line 5 and line 6	7	1,797,066	00
	8	Total gross income. Subtract line 7 from line 4	8	7,599,155	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,371,998	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	4,227,157	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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

Sign Here	Signature of officer	PRESIDENT & CE	Title	Date	Telephone
	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	PTIN P01233494
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	DANIELLS PHILLIPS VAUGHAN & BOCK 300 NEW STINE ROAD BAKERSFIELD, CA 93309	Firm's FEIN	95-2972229	Telephone 661-834-7411
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00		
	2	Interest	•	2	273,764	00		
	3	Dividends	•	3	209,899	00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	2,162,774	00	
	7	Other income	SEE STATEMENT 4	•	7	357,498	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	3,003,935	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5	•	9	2,159,062	00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6	•	11	148,173	00	
	12	Other salaries and wages		•	12	207,256	00	
	Expenses and Disbursements	13	Interest	•	13		00	
		14	Taxes	•	14	26,160	00	
		15	Rents	•	15	49,634	00	
		16	Depreciation and depletion (See instructions)		•	16	1,152	00
		17	Other Expenses and Disbursements	SEE STATEMENT 7	•	17	780,561	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	3,371,998	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		5,119,949		6,211,295
2 Net accounts receivable		147,076		126,197
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 8		15,690,626		21,059,309
10 a Depreciable assets	36,095		36,095	
b Less accumulated depreciation	(34,080)	2,015	(35,232)	863
11 Land				
12 Other assets STMT 9		48,197		34,360
13 Total assets		21,007,863		27,432,024
Liabilities and net worth				
14 Accounts payable		41,031		26,001
15 Contributions, gifts, or grants payable		365,494		126,600
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 10		3,276,695		3,515,182
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		17,324,643		23,764,241
22 Total liabilities and net worth		21,007,863		27,432,024

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	6,439,598	7 Income recorded on books this year not included in this return STMT 11
2 Federal income tax	•		•
3 Excess of capital losses over capital gains	•		8 Deductions in this return not charged against book income this year
4 Income not recorded on books this year	•		•
5 Expenses recorded on books this year not deducted in this return	•		9 Total. Add line 7 and line 8
6 Total. Add line 1 through line 5		6,439,598	10 Net income per return. Subtract line 9 from line 6
			•
			2,212,441
			4,227,157

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
MR. AND MRS. ROBERT MCCARTHY	8601 ACUARELA COURT AUSTIN, TX 78735	05/20/19	1,322,450.
AERA ENERGY LLC	PO BOX 11164 BAKERSFIELD, CA 93389-1164	12/19/19	1,506,800.
JOAN DEZEMBER	7404 CALLE PRIVADA BAKERSFIELD, CA 93309	08/21/19	500,000.
LINKS FOR LIFE	5301 OFFICE PARK DRIVE, SUITE 370 BAKERSFIELD, CA 93309	08/20/19	230,092.
MR. AND MRS. JERRY BOWMAN	307 VISTA VERDE WAY BAKERSFIELD, CA 93301	12/18/19	200,000.
BAKERSFIELD CHRISTIAN HIGH SCHOOL	12775 STOCKDALE HIGHWAY BAKERSFIELD, CA 93314	03/18/19	140,000.
CASSIE WRIGHT	1101 ALSTON ROAD MONTECITO, CA 93108	08/15/19	132,500.
SHAFTER HISTORICAL SOCIETY	PO BOX 1088 SHAFTER, CA 93263-1088	04/29/19	124,000.
THE GREEN HOTEL RESTORATION FOUNDATION	PO BOX 1088 SHAFTER, CA 93263	05/30/19	100,000.
MR. AND MRS. JOEL HEINRICHS	664 MATTHEW WAY ARROYO GRANDE, CA 93420	12/30/19	100,000.
CALIFORNIA RISES	1780 CREEKSIDE OAKS DR SACRAMENTO, CA 95833	11/25/19	100,000.
ICA FAMILY NURSING PRACTICE INC.	5917-2 NILES STREET BAKERSFIELD, CA 93306	12/10/19	75,000.
THE CALIFORNIA ENDOWMENT	1000 NORTH ALAMEDA STREET LOS ANGELES, CA 90012	09/24/19	50,000.
URNER'S	PO BOX 41240 BAKERSFIELD, CA 93384-1240	12/23/19	47,277.
CALIFORNIA-NEVADA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH	1350 HALYARD DR WEST SACRAMENTO, CA 95691	02/04/19	39,381.

KERN COMMUNITY FOUNDATION

77-0555874

BAKERSFIELD ROTARY - WATERMAN FOUNDATION	PO BOX 1628 BAKERSFIELD, CA 93302	07/08/19	33,600.
THE JOHN E BOYDSTUN REV TRUST	326 CHESTER AVENUE BAKERSFIELD, CA 93301	12/27/19	30,000.
DAVID AND ELYNOR FALK SURVIVORS TRUST	PO BOX 21483 BAKERSFIELD, CA 93390	04/22/19	25,000.
W.A. THOMPSON DISTRIBUTING CO., INC	PO BOX 1349 LANCASTER, CA 93584	07/10/19	25,000.
KCSOS EDUCATIONAL SERVICES FOUNDATION	1300 17TH STREET - CITY CENTRE BAKERSFIELD, CA 93301-4533	06/14/19	22,500.
PATRICIA CRAIL BROWN FOUNDATION	1600 HUNTINGTON DRIVE SOUTH PASADENA, CA 91030	12/23/19	20,000.
ANTONGIOVANNI 2005 IRR. TST DTD 11/30/05	10457 VAN HORN ROAD BAKERSFIELD, CA 93313	06/05/19	20,000.
KERN COUNTY ADMINISTRATIVE CENTER	1115 TRUXTUN AVENUE BAKERSFIELD, CA 93301	11/25/19	15,000.
CALIFORNIA HEALTH CARE FOUNDATION	1438 WEBSTER STREET, SUITE 400 OAKLAND, CA 94612	04/01/19	15,000.
MR. AND MRS. GREGORY BYNUM	2727 22ND STREET BAKERSFIELD, CA 93301	12/31/19	14,300.
KERN COUNTY CHALLENGE FOR YOUTH INVOLVEMENT, INC.	8921 SIERRA OAK DRIVE BAKERSFIELD, CA 93311	02/21/19	14,062.
DR. ROBERT W. SHELDON	114 GULDEN GROVE WAY BAKERSFIELD, CA 93312	11/12/19	12,000.
SEEDCORE FOUNDATION	5001 CALIFORNIA AVE. SUITE 124 BAKERSFIELD, CA 93309	08/19/19	10,650.
MR. AND MRS. JEFF RACICOT	2319 EDINGAL DRIVE BAKERSFIELD, CA 93311	05/29/19	10,000.
JUDGE AND MRS. DAVID LAMPE	3101 CLAPPINGTON ROAD BAKERSFIELD, CA 93311	12/30/19	10,000.
MR. AND MRS. MICHAEL YOUNG	7600 AVENIDA VALEDOR BAKERSFIELD, CA 93309	12/13/19	10,000.
CHERYL MILLER	516 PORTSMOUTH STREET BAKERSFIELD, CA 93311	12/05/19	10,000.
BERRY PETROLEUM COMPANY, LLC	11117 RIVER RUN BLVD BAKERSFIELD, CA 93311	08/02/19	10,000.

KERN COMMUNITY FOUNDATION

77-0555874

MR. AND MRS. BUDDY CUMMINGS	PO BOX 398 TEHACHAPI, CA 93581	12/26/19	10,000.
ANN GORDON BIGLER	1000 FAIRWAY DRIVE BAKERSFIELD, CA 93309	12/03/19	9,066.
SCHWAB CHARITABLE	211 MAIN STREET SAN FRANCISCO, CA 94105	06/24/19	7,000.
DR. RITA A. PIERUCCI	5400 LOCKHAVEN CT. BAKERSFIELD, CA 93312	12/30/19	6,667.
BANK OF AMERICA FOUNDATION, INC.	100 NORTH TRYON ST CHARLOTTE, NC 28255	06/11/19	6,550.
LOUISE F. MCCARTHY	353 GARNSEY AVENUE BAKERSFIELD, CA 93309	08/05/19	6,040.
WELLS FARGO FOUNDATION	550 S 4TH ST MINNEAPOLIS, MN 55415	11/25/19	6,000.
DR. AND MRS. NDEE ODELUGA	11101 MYERS RANCH COURT BAKERSFIELD, CA 93311	12/26/19	5,500.
MIKE POWELL	636 SONJA COURT RIDGECREST, CA 93555	05/16/19	5,203.
KERN SCHOOLS FEDERAL CREDIT UNION	PO BOX 9506 BAKERSFIELD, CA 93389-9506	11/25/19	5,160.
MELISSA FORTUNE	5100 CALIFORNIA AVE STE 201 BAKERSFIELD, CA 93309	05/16/19	5,000.
TACOS LA VILLA MEXICAN GRILL	1400 UNION AVENUE BAKERSFIELD, CA 93305	06/04/19	5,000.
KERN AUDUBON SOCIETY	PO BOX 3581 BAKERSFIELD, CA 93385	10/02/19	5,000.
GENE TACKETT	2927 19TH STREET BAKERSFIELD, CA 93301	07/18/19	5,000.
DRS. TUNG TRANG AND INGRID WANG	8805 MONTMEDY COURT BAKERSFIELD, CA 93311	12/26/19	5,000.
CLINTON J THOMSON LOIS E THOMSON FAMILY TRUST	9852 BUENA VISTA BLVD BAKERSFIELD, CA 93307	12/30/19	5,000.
CAROL A. BROWN-BEZANSON	8485 E. MCDONALD DRIVE #298 SCOTTSDALE, AZ 85250-6335	11/14/19	5,000.
TOTAL INCLUDED ON LINE 3			<u>5,076,798.</u>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MR. AND MRS. ROBERT MCCARTHY	8601 ACUARELA COURT AUSTIN, TX 78735		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
SECURITIES	05/20/19	1,177,550.	1,177,550.
TOTAL INCLUDED ON LINE 3			<u>1,177,550.</u>

CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
VARIOUS SECURITIES	01/01/19	12/31/19	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,796,354.	0.	0.	2,152,681.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
DONATED ASSETS	01/01/19	12/31/19	DONATED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	712.	0.	0.	10,093.

TOTAL TO FORM 199, PAGE 2, LN 6	1,797,066.	0.	0.	2,162,774.
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CA 199	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
MANAGEMENT FEES	357,498.
TOTAL TO FORM 199, PART II, LINE 7	357,498.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	5
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ACTIVITY CLASSIFICATION: CHARITABLE

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION	PO BOX 2401 - BAKERSFIELD, CA 93303	NONE	12,250.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD MUSEUM OF ART	1930 R STREET - BAKERSFIELD, CA 93301	NONE	26,141.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD MUSIC THEATER	1931 CHESTER AVENUE - BAKERSFIELD, CA 93301	NONE	20,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD POLICE ACTIVITIES LEAGUE	301 E. 4TH STREET - BAKERSFIELD, CA 93307	NONE	8,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD SYMPHONY ORCHESTRA INC.	1328 34TH STREET, SUITE A - BAKERSFIELD, CA 93301	NONE	6,782.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BETHANY SERVICES, INC.	1600 E TRUXTUN AVENUE - BAKERSFIELD, CA 93305	NONE	6,497.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BETHESDA TEACHING MINISTRY	PO BOX 20028 - EL CAJON, CA 92021-0900	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS & GIRLS CLUBS OF KERN COUNTY	801 NILES STREET, BIN 5J - BAKERSFIELD, CA 93385	NONE	180,016.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA TROUT	360 PINE STREET 4TH FLOOR - SAN FRANCISCO, CA 94609	NONE	66,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATHOLIC CHARITIES	825 CHESTER AVENUE - BAKERSFIELD, CA 93301	NONE	11,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHINA LAKE MUSEUM FOUNDATION	PO BOX 217 - RIDGECREST, CA 93556	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHOICE BOOKS OF WEST COAST	856 S REED AVE STE 10 - REEDLEY, CA 93654	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITY OF KING	212 S. VANDERHURST AVENUE - KING CITY, CA 93930	NONE	60,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITYSERVE NETWORK	7001 AUBURN STREET - BAKERSFIELD, CA 93306	NONE	26,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY ACTION PARTNERSHIP OF KERN	5005 BUSINESS PARK NORTH - BAKERSFIELD, CA 93309	NONE	8,100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COURT APPOINTED SPECIAL ADVOCATES OF KER	1717 COLUMBUS STREET - BAKERSFIELD, CA 93305	NONE	6,180.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DESERT AREA RESOURCES AND TRAINING	201 E. RIDGECREST BLVD. - RIDGECREST, CA 93555	NONE	11,476.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EPISCOPAL DIOCESE OF SAN JOAQUIN	1528 OAKDALE ROAD - MODESTO, CA 95354	NONE	229,614.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GARDEN PATHWAYS, INC.	1616 29TH STREET - BAKERSFIELD, CA 93301	NONE	49,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HENRIETTA WEILL MEMORIAL CHILD GUIDANCE	3628 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93309	NONE	20,575.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HIGH DESERT LIGHTHOUSE MINISTRIES (THE L	111 BALSAM - RIDGECREST, CA 93555	NONE	28,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HOFFMANN HOSPICE	4325 BUENA VISTA ROAD BLDING A - BAKERSFIELD, CA 93311	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KERN COUNTY MUSEUM FOUNDATION	3801 CHESTER AVE - BAKERSFIELD, CA 93301	NONE	11,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KERN LITERACY COUNCIL	331 18TH STREET - BAKERSFIELD, CA 93301-4928	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KERN RIVER VALLEY REVITALIZATION, INC.	PO BOX 567 - LAKE ISABELLA, CA 93240	NONE	6,700.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LATINA LEADERS OF KERN COUNTY	PO BOX 2843 - BAKERSFIELD, CA 93302	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAURELGLEN BIBLE CHURCH	2801 ASHE ROAD - BAKERSFIELD, CA 93309	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MCSC KERN WOMEN'S BUSINESS CENTER	201 NEW STINE RD - BAKERSFIELD, CA 93311	NONE	6,399.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSION AT KERN COUNTY	PO BOX 2222 - BAKERSFIELD, CA 93303-2222	NONE	11,747.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PLUMAS CORPORATION	PO BOX 3880 - QUINCY, CA 95971	NONE	32,445.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAINT ELIZABETH ANN SETON CATHOLIC CHURCH	12300 REINA ROAD - BAKERSFIELD, CA 93312	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAINT FRANCIS CHURCH	900 H STREET - BAKERSFIELD, CA 93304	NONE	13,530.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SALVATION ARMY	4417 WILSON ROAD - BAKERSFIELD, CA 93309	NONE	10,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SALVATION ARMY	1854 FULTON STREET - FRESNO, CA 93721	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SANTA BARBARA POLICE FOUNDATION	PO BOX 91929 - SANTA BARBARA, CA 93190	NONE	33,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHAFTER HISTORICAL SOCIETY	PO BOX 1088 - SHAFTER, CA 93263-1088	NONE	66,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTHERN SIERRA COUNCIL BOY SCOUTS OF AM	2417 M STREET - BAKERSFIELD, CA 93301	NONE	76,650.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEEN SUCCESS INC.	508 VALLEY WAY - MILPITAS, CA 95035	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE PLANK FOUNDATION	1400 EASTON DRIVE #107 - BAKERSFIELD, CA 93309	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE SALVATION ARMY RIDGECREST CORPS	151 N. DOWNS - RIDGECREST, CA 93555	NONE	28,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TOGETHER TRANSFORMING A NATION	430 WEST J ST. - TEHACHAPI, CA 93561	NONE	67,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TROUT UNLIMITED	10035 CHURCH STREET, UNIT 1 - TRUCKEE, CA 96161	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VALLEY BAPTIST CHURCH	4800 FRUITVALE AVENUE - BAKERSFIELD, CA 93308	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
V-H FAMILIES FOUNDATION	16500 BRIMHALL RD - BAKERSFIELD, CA 93314	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WESTMINSTER PRESBYTERIAN CHURCH	2080 STINE ROAD - BAKERSFIELD, CA 93309-4834	NONE	35,367.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WOMEN'S CENTER-HIGH DESERT, INC.	134 S. CHINA LAKE BLVD. - RIDGECREST, CA 93555	NONE	28,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH UNLIMITED GOSPEL OUTREACH	PO BOX 10 - RANCHO CUCAMONGA, CA 91729-0010	NONE	12,000.

TOTAL FOR THIS ACTIVITY 1,479,669.

ACTIVITY CLASSIFICATION: EDUCATIONAL

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BAKERSFIELD CHRISTIAN HIGH SCHOOL	12775 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93314	NONE	12,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BAKERSFIELD COLLEGE FOUNDATION	1801 PANORAMA DRIVE - BAKERSFIELD, CA 93305	NONE	11,571.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA POLYTECHNIC STATE UNIVERSITY,	ADMINISTRATION BLDG., RM 212 - SAN LUIS OBISPO, CA 93407-0201	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD	9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	NONE	100,675.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE UNIVERSITY BAKERSFIELD	9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE UNIVERSITY, FRESNO	5150 NORTH MAPLE AVENUE, JA64 - FRESNO, CA 93740	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE UNIVERSITY, LONG BEACH	1250 BELLFLOWER BLVD - LONG BEACH, CA 90840	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE UNIVERSITY, SACRAMENTO	6000 J STREET, MS 6052 - SACRAMENTO, CA 95819	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CSUB FOUNDATION	9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	NONE	156,737.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTH KERN CHRISTIAN SCHOOL	710 PETERS STREET - WASCO, CA 93280	NONE	10,166.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OUR LADY OF GUADALUPE PARISH SCHOOL	609 E CALIFORNIA AVENUE - BAKERSFIELD, CA 93307	NONE	5,100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STOCKDALE ELEMENTARY PARENT CLUB	7801 KROLL WAY - BAKERSFIELD, CA 93309	NONE	10,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, BERKELEY	16 SPROUL HALL #1960 - BERKELEY, CA 94720-1960	NONE	18,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, DAVIS	PO BOX 989062 - WEST SACRAMENTO, CA 95798-9062	NONE	21,575.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, IRVINE	102 ALDRICH HALL - IRVINE, CA 92697-2825	NONE	16,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, LOS ANGELES	405 HILGARD AVENUE - LOS ANGELES, CA 90095-7089	NONE	25,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, MERCED	5200 N. LAKE ROAD - MERCED, CA 95343	NONE	21,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, RIVERSIDE	900 UNIVERSITY AVENUE - RIVERSIDE, CA 92521	NONE	8,750.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, SAN DIEGO	9500 GILMAN DRIVE, MAIL CODE 0013 - LA JOLLA, CA 92093-0013	NONE	11,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, SANTA BARBARA	2103 SAASB - SANTA BARBARA, CA 93106-3180	NONE	25,750.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, SANTA CRUZ	1156 HIGH STREET - SANTA CRUZ, CA 95064	NONE	10,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA	700 CHILD'S WAY, JHH 324 - LOS ANGELES, CA 90089-0914	NONE	74,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WEST HILLS COMMUNITY COLLEGE FOUNDATION	9900 CODY AVE - COALINGA, CA 93210	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH 2 LEADERS EDUCATION FOUNDATION	PO BOX 9051 - BAKERSFIELD, CA 93389	NONE	15,969.

TOTAL FOR THIS ACTIVITY 679,393.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 2,159,062.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
DIANE WHITE 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	CHAIR 1.00	0.
KATE TANDY 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	VICE CHAIR 1.00	0.
CARLOS SANCHEZ 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	TREASURER 1.00	0.
KEVIN C. FINDLEY 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	SECRETARY 1.00	0.
CHANDRASEKHAR COMMURI 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.

SERGIO DE CASTRO 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
DAVID DENISON 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
JENNIFER FLOYD 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
JEFFREY GUTIERREZ 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
MIDGE BOYDSTUN-JIMERSON 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
JUSTIN LELAND 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
STEPHEN SANDERS 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
MARTHA TERRAZAS 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
HAROLD HANSEN 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
KRISTEN A. BEALL WATSON 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301	PRESIDENT & CEO 40.00	148,173.

TOTAL TO FORM 199, PART II, LINE 11

148,173.

CA 199	OTHER EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
CONTRACT LABOR		103,830.	
DUES AND SUBSCRIPTIONS		53,002.	
PRINTING AND MARKETING		23,558.	
MISCELLANEOUS		11,832.	
PENSION PLAN CONTRIBUTIONS		47,137.	
ACCOUNTING FEES		16,225.	
INVESTMENT MANAGEMENT FEES		385,156.	
OTHER PROFESSIONAL FEES		75.	
OFFICE EXPENSES		65,944.	
TRAVEL		4,761.	
CONFERENCES AND CONVENTIONS		42,813.	
INSURANCE		7,672.	
ALL OTHER EXPENSES		18,556.	
TOTAL TO FORM 199, PART II, LINE 17		780,561.	

CA 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
AGENCY ACCOUNT	15,690,626.	21,059,309.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	15,690,626.	21,059,309.	

CA 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	48,197.	34,360.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	48,197.	34,360.	

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
FUNDS HELD FOR OTHERS	2,706,619.	3,441,673.
ACCRUED PAYROLL LIABILITIES	23,231.	31,375.
DEFERRED REVENUE	546,845.	42,134.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,276,695.	3,515,182.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 11
DESCRIPTION		AMOUNT
UNREALIZED GAIN		2,212,441.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		2,212,441.

CA 199	FUND BALANCES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	16,374,643.	22,814,241.
NET ASSETS WITH DONOR RESTRICTIONS	950,000.	950,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	17,324,643.	23,764,241.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

939035 11-12-19

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2019** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 KERN 77-0555874 000000000000 19 FORM 3
TYB 01-01-2019 TYE 12-31-2019
KERN COMMUNITY FOUNDATION

3300 TRUXTUN AVENUE SUITE 220
BAKERSFIELD CA 93301

(661) 325-5346

Amount of Payment 10.

TAXABLE YEAR
2019

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
KERN COMMUNITY FOUNDATION	77-0555874

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	9,396,221
2 Total gross income (Form 199, line 8)	2	7,599,155
3 Total expenses and disbursements (Form 199, line 9)	3	3,371,998

Part II Settle Your Account Electronically for Taxable Year 2019

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ _____ **PRESIDENT & CEO**

Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's signature	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01233494
Must Sign Firm's name (or yours if self-employed) and address	DANIELLS PHILLIPS VAUGHAN & BOCK			Firm's FEIN 95-2972229
	300 NEW STINE ROAD			ZIP code 93309
	BAKERSFIELD, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
Firm's name (or yours if self-employed) and address	Firm's FEIN _____		ZIP code _____

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2019

Prepared for	Kern Community Foundation 3300 Truxtun Avenue, Suite 220 Bakersfield, CA 93301
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
Amount due or refund	Balance due of \$150.00
Make check payable to	Department of Justice
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	November 16, 2020
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.</p>

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
 Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>KERN COMMUNITY FOUNDATION</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>3300 TRUXTUN AVENUE, SUITE 220</u> Address (Number and Street)</p> <p><u>BAKERSFIELD, CA 93301</u> City or Town, State, and ZIP Code</p> <p><u>661-325-5346</u> Telephone Number</p> <p><u>DANETTE@KERNFOUNDATION.ORG</u> E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT115874</u></p> <p>Corporation or Organization No. <u>2234366</u></p> <p>Federal Employer ID No. <u>77-0555874</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2019 ending 12/31/2019) list:

Gross Annual Revenue \$ <u>7,599,155</u>	Noncash Contributions \$ <u>1,178,607</u>	Total Assets \$ <u>27,432,024</u>
Program Expenses \$ <u>2,572,953</u>	Total Expenses \$ <u>3,371,998</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>KRISTEN A. BEALL WATSON</u>	<u>PRESIDENT & CEO</u>
Signature of Authorized Agent	Title
Printed Name	Date