

Form **990**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2021 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 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3300 TRUXTUN AVENUE, SUITE 220 City or town, state or province, country, and ZIP or foreign postal code BAKERSFIELD, CA 93301 F Name and address of principal officer: AARON FALK 3300 TRUXTUN AVE., STE. 220, BAKERSFIELD, CA | D Employer identification number 77-0555874 E Telephone number 661-325-5346 G Gross receipts \$ 8,344,412. 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 | | |
| 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 | | L Year of formation: 1999 M State of legal domicile: CA |

Part I Summary

| | | | |
|------------------------------------|--|----------------------------------|---------------------|
| 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 2021 (Part V, line 2a) 5 12 6 Total number of volunteers (estimate if necessary) 6 90 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 4,795,703. 9 Program service revenue (Part VIII, line 2g) 402,387. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,734,402. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,932,492. | Prior Year | Current Year |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,622,824. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 423,267. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 123,836. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,532,266. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,578,357. 19 Revenue less expenses. Subtract line 18 from line 12 2,354,135. | 2,622,824. | 1,978,518. |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 32,465,220. 21 Total liabilities (Part X, line 26) 5,603,070. 22 Net assets or fund balances. Subtract line 21 from line 20 26,862,150. | Beginning of Current Year | End of Year |
| | | 32,465,220. | 39,214,030. |
| | | 5,603,070. | 8,077,631. |
| | | 26,862,150. | 31,136,399. |

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 AARON FALK, PRESIDENT & CEO Type or print name and title | Date 9/21/22 | |
| Paid Preparer Use Only | Print/Type preparer's name MARIANNE A. DIAZ, EA Preparer's signature DANIELLS PHILLIPS VAUGHAN & BOCK Firm's address 300 NEW STINE ROAD BAKERSFIELD, CA 93309 | Date Check if self-employed <input type="checkbox"/> Firm's EIN 95-2972229 Phone no. 661-834-7411 | PTIN P01233494 |

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? No

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

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

4a (Code:) (Expenses \$ 2,473,860. including grants of \$ 1,978,518.) (Revenue \$ 497,396.) 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 175 NAMED FUNDS THAT HELP DONORS ORGANIZE AND ACHIEVE MEANINGFUL RESULTS FROM THEIR CHARITABLE GIVING. THE FOUNDATION IS A RESULTS-ORIENTED GRANTMAKER, AWARDING APPROXIMATELY \$1,990,931 IN GRANTS IN 2021. 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 2,473,860.

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> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | 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> | 6 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> | 7 | 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> | 8 | 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> | 9 | 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> | 10 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> | 11a 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> | 11b 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> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | 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> | 11e 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> | 11f 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> | 12a | 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> | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | 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> | 14b | 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> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | 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> See instructions | 17 | 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> | 18 | 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> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 X | |

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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 on 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 on 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 on 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) KRISTEN A. BEALL WATSON PRESIDENT/CEO | 1.00 | X | | X | | | | 106,970. | 0. | 0. |
| (2) JEFFREY A. GUTIERREZ 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) SUSAN HOPKINS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) JOHN C. HERSHEY III DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) JUSTIN LELAND DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) STEPHEN SANDERS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) MARTHA TERRAZAS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) JOE GREGORY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) TANYA ALSHEIKH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
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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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
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| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 106,970. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 106,970. | 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 |
|--|--------------------------------|---------------------|
| PROFORMA SOLUTIONS FOR PRINTING AND PROMOTI 3434 TRUXTUN AVE STE 170, BAKERSFIELD, CA 9 | MARKETING | 432,398. |
| | | |
| | | |
| | | |
| | | |

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 **1**

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 | 4,649,756. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 155,980. | | | | |
| | h Total. Add lines 1a-1f | | 4,649,756. | | | | |
| Program Service Revenue | 2 a MANAGEMENT FEES | Business Code | | | | | |
| | | 541610 | 497,396. | 497,396. | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 497,396. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 386,127. | | | 386,127. | |
| | 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 | 2,810,962. | 171. | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 1,855,777. | 0. | | | |
| | c Gain or (loss) | 7c | 955,185. | 171. | | | |
| | d Net gain or (loss) | | 955,356. | | | 955,356. | |
| 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 | | 6,488,635. | 497,396. | 0. | 1,341,483. | | |

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 | 1,978,518. | 1,978,518. | | |
| 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 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 106,970. | 53,485. | 40,114. | 13,371. |
| 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 | 219,027. | 109,514. | 82,135. | 27,378. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 38,942. | 19,471. | 14,603. | 4,868. |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 26,683. | 13,342. | 10,006. | 3,335. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 18,235. | 9,118. | 6,838. | 2,279. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 492,448. | | 492,448. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 277,296. | 138,648. | 103,986. | 34,662. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 23,974. | 11,987. | 8,990. | 2,997. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 56,814. | 28,407. | 21,305. | 7,102. |
| 17 Travel | 179. | 90. | 67. | 22. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 23,128. | 11,564. | 8,673. | 2,891. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 248. | 124. | 93. | 31. |
| 23 Insurance | 10,570. | 5,285. | 3,964. | 1,321. |
| 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 | 84,614. | 42,307. | 31,730. | 10,577. |
| b DUES AND SUBSCRIPTIONS | 57,115. | 28,558. | 21,418. | 7,139. |
| c PRINTING AND MARKETING | 27,010. | 13,505. | 10,129. | 3,376. |
| d UTILITIES | 6,686. | 3,343. | 2,507. | 836. |
| e All other expenses | 13,165. | 6,594. | 4,920. | 1,651. |
| 25 Total functional expenses. Add lines 1 through 24e | 3,461,622. | 2,473,860. | 863,926. | 123,836. |
| 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 | 7,992,981. | 2 | 10,607,446. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 422,862. | 4 | 148,473. |
| | 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 | 34,520. | 9 | 38,101. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 32,199. | | |
| | b Less: accumulated depreciation | 10b 29,825. | 10c | 2,374. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 24,014,294. | 12 | 28,417,636. |
| | 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) | 32,465,220. | 16 | 39,214,030. | |
| Liabilities | 17 Accounts payable and accrued expenses | 308,840. | 17 | 50,232. |
| | 18 Grants payable | 107,500. | 18 | 183,347. |
| | 19 Deferred revenue | 282,000. | 19 | 55,834. |
| | 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 | 4,904,730. | 25 | 7,788,218. |
| | 26 Total liabilities. Add lines 17 through 25 | 5,603,070. | 26 | 8,077,631. |
| 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 | 25,912,150. | 27 | 30,186,399. |
| | 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 | 26,862,150. | 32 | 31,136,399. |
| 33 Total liabilities and net assets/fund balances | 32,465,220. | 33 | 39,214,030. | |

Form 990 (2021)

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 | 6,488,635. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,461,622. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,027,013. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 26,862,150. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,247,236. |
| 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 | 31,136,399. |

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 on 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 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,789,025. | 3,183,080. | 6,392,286. | 4,795,703. | 4,649,756. | 21,809,850. |
| 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 | 2,789,025. | 3,183,080. | 6,392,286. | 4,795,703. | 4,649,756. | 21,809,850. |
| 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. | | | | | | 21,809,850. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 2,789,025. | 3,183,080. | 6,392,286. | 4,795,703. | 4,649,756. | 21,809,850. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 318,281. | 382,205. | 483,663. | 395,291. | 386,127. | 1,965,567. |
| 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 | | | | | | 23,775,417. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,002,781. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))..... | 14 | 91.73 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 91.37 % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2020. 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

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

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described on line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | 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). | | |
| 1 | | |

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? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 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 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

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

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

2021

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

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 | 1,432,297. | 1,290,136. | 1,087,588. | 1,204,670. | 1,061,613. |
| b Contributions | | | | | 50,000. |
| c Net investment earnings, gains, and losses | 277,785. | 197,633. | 275,760. | -21,330. | 138,747. |
| d Grants or scholarships | 25,000. | 27,500. | 46,750. | 70,000. | 22,500. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 33,622. | 27,971. | 26,463. | 25,751. | 23,190. |
| g End of year balance | 1,651,461. | 1,432,297. | 1,290,136. | 1,087,588. | 1,204,670. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 42.4750 %
 - b Permanent endowment 57.5240 %
 - c Term endowment .0000 %
- 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 | | 32,199. | 29,825. | 2,374. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,374. |

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 | 28,417,636. | 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.) ▶ | 28,417,636. | |

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 | 7,761,484. |
| (3) ACCRUED PAYROLL LIABILITIES | 26,734. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 7,788,218. |

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.

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 |

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.

| | | | |
|----------|---|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

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 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

2021

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| SAINT VINCENT DE PAUL 300 BAKER STREET BAKERSFIELD, CA 93305 | 95-1853364 | 501(C)(3) | 5,500. | 0. | | | CHARITABLE |
| HABITAT FOR HUMANITY - GOLDEN EMPIRE - 1500 E 19TH STREET - BAKERSFIELD, CA 93305 | 77-0230477 | 501(C)(3) | 6,000. | 0. | | | CHARITABLE |
| KERN LITERACY COUNCIL 331 18TH STREET BAKERSFIELD, CA 93301 | 23-7312722 | 501(C)(3) | 6,000. | 0. | | | CHARITABLE |
| KERN RIVER CONSERVANCY PO BOX 1042 KERNVILLE, CA 93238 | 46-4277172 | 501(C)(3) | 6,000. | 0. | | | CHARITABLE |
| YOUTH 2 LEADERS EDUCATION FOUNDATION - PO BOX 9051 - BAKERSFIELD, CA 93389 | 77-0398516 | 501(C)(3) | 6,175. | 0. | | | CHARITABLE |
| GARCES MEMORIAL HIGH SCHOOL 2800 LOMA LINDA DR BAKERSFIELD, CA 93305 | 77-0220126 | 501(C)(3) | 6,250. | 0. | | | CHARITABLE |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **242.**

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) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ALPHA TAU OMEGA FOUNDATION 333 N. ALABAMA STREET STE 220 INDIANAPOLIS, IN 46204 | 23-7154214 | 501(C)(3) | 7,000. | 0. | | | CHARITABLE |
| KERN COUNTY LAW ENFORCEMENT FOUNDATION - PO BOX 1249 - BAKERSFIELD, CA 93302 | 77-0186628 | 501(C)(3) | 7,000. | 0. | | | CHARITABLE |
| SAN BUENAVENTURA FRIENDS OF THE LIBRARY - PO BOX 403 - VENTURA, CA 93002 | 95-3152438 | 501(C)(3) | 7,000. | 0. | | | CHARITABLE |
| KERN COUNTY 999 FOUNDATION 4208 ROSEDALE HWY, SUITE 302-101 BAKERSFIELD, CA 93308 | 26-0152206 | 501(C)(3) | 7,496. | 0. | | | CHARITABLE |
| THE UNITED STATES CONFERENCE OF THE MENNONITE BRETHERN CHURCHES - PO BOX 20200 - WICHITA, KS 67208 | 48-0699199 | 501(C)(3) | 7,500. | 0. | | | CHARITABLE |
| ST. PHILIP THE APOSTLE CHURCH 7100 STOCKDALE HIGHWAY BAKERSFIELD, CA 93309 | 94-1294942 | 501(C)(3) | 7,510. | 0. | | | CHARITABLE |
| RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA - 420 34TH STREET - BAKERSFIELD, CA 93301 | 95-3167869 | 501(C)(3) | 7,900. | 0. | | | CHARITABLE |
| KERN REAL ESTATE FOUNDATION 3300 TRUXTUN AVENUE, SUITE 200 BAKERSFIELD, CA 93301 | 46-2637218 | 501(C)(3) | 7,967. | 0. | | | CHARITABLE |
| FOX THEATER FOUNDATION 2001 H STREET BAKERSFIELD, CA 93301 | 77-0306813 | 501(C)(3) | 8,083. | 0. | | | CHARITABLE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BAKERSFIELD COLLEGE FOUNDATION 1801 PANORAMA DRIVE BAKERSFIELD, CA 93305 | 51-0151490 | 501(C)(3) | 8,632. | 0. | | | CHARITABLE |
| MAKE-A-WISH FOUNDATION OF CENTRAL CALIFORNIA - 351 W.CROMWELL AVE. SUITE 112-A - FRESNO, CA 93711 | 77-0116530 | 501(C)(3) | 8,766. | 0. | | | CHARITABLE |
| UNIVERSITY OF CALIFORNIA, BERKELEY 16 SPROUL HALL #1960 BERKELEY, CA 94720 | 94-3067788 | 501(C)(3) | 9,000. | 0. | | | CHARITABLE |
| AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151 | 54-1517707 | 501(C)(3) | 9,400. | 0. | | | CHARITABLE |
| UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVENUE - LOS ANGELES, CA 90095 | 95-6006143 | 501(C)(3) | 9,500. | 0. | | | CHARITABLE |
| CAIN MEMORIAL AFRICAN METHODIST EPISCOPAL CHURCH - 630 CALIFORNIA AVE. - BAKERSFIELD, CA 93304 | 83-4332040 | 501(C)(3) | 10,000. | 0. | | | CHARITABLE |
| CALIFORNIA AGRICULTURAL LEADERSHIP FOUNDATION - PO BOX 479 - SALINAS, CA 93902 | 94-6069269 | 501(C)(3) | 10,000. | 0. | | | CHARITABLE |
| HERITAGE OAK SCHOOL 20915 SCHOUT RD TEHACHAPI, CA 93561 | 77-0437124 | 501(C)(3) | 10,000. | 0. | | | CHARITABLE |
| UC REGENTS - DAVIS 2801 SECOND ST DAVIS, CA 95618 | 94-6036494 | 501(C)(3) | 10,000. | 0. | | | CHARITABLE |

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WEST HIGH SCHOOL BOOSTERS 1200 NEW STINE ROAD BAKERSFIELD, CA 93309 | 77-0068534 | 501(C)(3) | 10,100. | 0. | | | CHARITABLE |
| KERN COUNTY HISPANIC CHAMBER OF COMMERCE BUSINESS EDUCATION FOUNDATION - 1601 H STREET, STE 201 - BAKERSFIELD, CA 93301 | 27-2663378 | 501(C)(3) | 10,113. | 0. | | | CHARITABLE |
| NORTH KERN CHRISTIAN SCHOOL 710 PETERS STREET WASCO, CA 93280 | 95-3159575 | 501(C)(3) | 10,145. | 0. | | | CHARITABLE |
| MORNING STAR FRESH FOOD MINISTRY 901 SACRAMENTO STREET BAKERSFIELD, CA 93305 | 46-1231061 | 501(C)(3) | 10,250. | 0. | | | CHARITABLE |
| SAINT ELIZABETH ANN SETON CATHOLIC CHURCH - 12300 REINA ROAD - BAKERSFIELD, CA 93312 | 94-1294942 | 501(C)(3) | 10,250. | 0. | | | CHARITABLE |
| COURT APPOINTED SPECIAL ADVOCATES OF KERN COUNTY (CASA) - 1717 COLUMBUS STREET - BAKERSFIELD, CA 93305 | 77-0344298 | 501(C)(3) | 10,500. | 0. | | | CHARITABLE |
| CASA ESPERANZA TRANSITIONAL HOME FOR WOMEN - 5501 STOCKDALE HWY - BAKERSFIELD, CA 93389 | 47-4019231 | 501(C)(3) | 10,550. | 0. | | | CHARITABLE |
| KERN PARTNERSHIP FOR CHILDREN AND FAMILIES - 100 E. CALIFORNIA AVENUE - BAKERSFIELD, CA 93307 | 20-5536572 | 501(C)(3) | 10,582. | 0. | | | CHARITABLE |
| SALVATION ARMY 4417 WILSON ROAD BAKERSFIELD, CA 93309 | 13-2923701 | 501(C)(3) | 10,582. | 0. | | | CHARITABLE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF CALIFORNIA, DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95616 | 94-6036494 | 501(C)(3) | 10,750. | 0. | | | CHARITABLE |
| DOLORES HUERTA FOUNDATION PO BOX 2087 BAKERSFIELD, CA 93303 | 91-2145992 | 501(C)(3) | 10,897. | 0. | | | CHARITABLE |
| UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, MAIL CODE 0013 - LA JOLLA, CA 92093 | 94-3067788 | 501(C)(3) | 10,900. | 0. | | | CHARITABLE |
| ASSISTANCE LEAGUE BAKERSFIELD PO BOX 2286 BAKERSFIELD, CA 93303 | 95-3502393 | 501(C)(3) | 10,985. | 0. | | | CHARITABLE |
| CALIFORNIA STATE UNIVERSITY, FRESNO - 5150 NORTH MAPLE AVENUE, JA64 - FRESNO, CA 93740 | 94-6003272 | 501(C)(3) | 11,000. | 0. | | | CHARITABLE |
| JIM BURKE EDUCATION FOUNDATION 2001 OAK STREET BAKERSFIELD, CA 93301 | 77-0387337 | 501(C)(3) | 11,000. | 0. | | | CHARITABLE |
| THE PLANK FOUNDATION P.O. BOX 173 BAKERSFIELD, CA 93302 | 77-0114147 | 501(C)(3) | 11,000. | 0. | | | CHARITABLE |
| CALIFORNIA POLYTECHNIC STATE UNIVERSITY, SAN LUIS OBISPO - CAL POLY 1 GRAND AVENUE - SAN LUIS OBISPO, CA 93407 | 20-4927897 | 501(C)(3) | 11,500. | 0. | | | CHARITABLE |
| OUR LADY OF GUADALUPE PARISH SCHOOL - 609 E CALIFORNIA AVENUE - BAKERSFIELD, CA 93307 | 77-0320170 | 501(C)(3) | 11,750. | 0. | | | CHARITABLE |

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHILDREN'S MIRACLE NETWORK HOSPITALS - 205 WEST 700 SOUTH - SALT LAKE CITY, UT 84101 | 87-0387205 | 501(C)(3) | 12,472. | 0. | | | CHARITABLE |
| INFLUENCERS BAKERSFIELD PO BOX 22811 BAKERSFIELD, CA 93390 | 20-1174631 | 501(C)(3) | 15,000. | 0. | | | CHARITABLE |
| UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 2103 SAASB - SANTA BARBARA, CA 93106 | 23-7314834 | 501(C)(3) | 15,000. | 0. | | | CHARITABLE |
| ALLIANCE AGAINST FAMILY VIOLENCE AND SEXUAL ASSAULT - 1921 19TH STREET - BAKERSFIELD, CA 93301 | 95-3604240 | 501(C)(3) | 15,341. | 0. | | | CHARITABLE |
| BAKERSFIELD HIGH SCHOOL PARENT TEACHER STUDENT ORGANIZATION - PO BOX 866 - BAKERSFIELD, CA 93302 | 82-2183657 | 501(C)(3) | 15,761. | 0. | | | CHARITABLE |
| BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION - PO BOX 2401 - BAKERSFIELD, CA 93303 | 95-3555043 | 501(C)(3) | 16,000. | 0. | | | CHARITABLE |
| HOFFMANN HOSPICE 4325 BUENA VISTA ROAD, BUILDING A BAKERSFIELD, CA 93311 | 77-0386207 | 501(C)(3) | 20,000. | 0. | | | CHARITABLE |
| KERN HIGH SCHOOL DISTRICT EDUCATIONAL FOUNDATION - 5801 SUNDALE AVENUE - BAKERSFIELD, CA 93309 | 77-0235452 | 501(C)(3) | 20,000. | 0. | | | CHARITABLE |
| BAKERSFIELD PREGNANCY CENTER PO BOX 1430 BAKERSFIELD, CA 93302 | 77-0024688 | 501(C)(3) | 21,000. | 0. | | | CHARITABLE |

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HENRIETTA WEILL MEMORIAL CHILD GUIDANCE CLINIC - 3628 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93309 | 95-1643391 | 501(C)(3) | 21,113. | 0. | | | CHARITABLE |
| SOUTHERN SIERRA COUNCIL BOY SCOUTS OF AMERICA - 2417 M STREET - BAKERSFIELD, CA 93301 | 95-1642363 | 501(C)(3) | 21,582. | 0. | | | CHARITABLE |
| BAKERSFIELD MUSEUM OF ART 1930 R STREET BAKERSFIELD, CA 93301 | 77-0125694 | 501(C)(3) | 24,150. | 0. | | | CHARITABLE |
| THE MISSION AT KERN COUNTY PO BOX 2222 BAKERSFIELD, CA 93303 | 95-1890705 | 501(C)(3) | 24,318. | 0. | | | CHARITABLE |
| WOUNDED HEROES FUND 3121 STANDARD STREET BAKERSFIELD, CA 93308 | 80-0215850 | 501(C)(3) | 24,500. | 0. | | | CHARITABLE |
| BAKERSFIELD FIREFIGHTERS HISTORICAL SOCIETY - 8200 STOCKDALE HWY M10-295 - BAKERSFIELD, CA 93311 | 47-3099227 | 501(C)(3) | 25,000. | 0. | | | CHARITABLE |
| KERN COUNTY SUPERINTENDENT OF SCHOOLS EDUCATIONAL SERVICES FOUNDATION - 1300 17TH STREET - BAKERSFIELD, CA 93301 | 77-0383293 | 501(C)(3) | 25,000. | 0. | | | CHARITABLE |
| NO SISTER LEFT BEHIND 4710 CIMARRON RIDGE DRIVE BAKERSFIELD, CA 93313 | 84-3102696 | 501(C)(3) | 25,000. | 0. | | | CHARITABLE |
| STARBASE EDWARDS 40256 CRESTRIDGE WAY PALMDALE, CA 93551 | 84-3577547 | 501(C)(3) | 25,000. | 0. | | | CHARITABLE |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| TROUT UNLIMITED 10035 CHURCH STREET, UNIT 1 TRUCKEE, CA 96161 | 38-1612715 | 501(C)(3) | 25,000. | 0. | | | CHARITABLE |
| SANTA BARBARA POLICE FOUNDATION PO BOX 91929 SANTA BARBARA, CA 93190 | 27-2138540 | 501(C)(3) | 31,500. | 0. | | | CHARITABLE |
| CALIFORNIA STATE UNIVERSITY, BAKERSFIELD - 9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311 | 95-2643086 | 501(C)(3) | 38,250. | 0. | | | CHARITABLE |
| 911 AT EASE INTERNATIONAL, INC P.O. BOX 30363 SANTA BARBARA, CA 93130 | 84-5130619 | 501(C)(3) | 41,370. | 0. | | | CHARITABLE |
| CALIFORNIA VETERANS ASSISTANCE FOUNDATION, INC. - 2215 BUENA VISTA ST. - BAKERSFIELD, CA 93304 | 30-0186044 | 501(C)(3) | 42,150. | 0. | | | CHARITABLE |
| CITYSERVE NETWORK 7001 AUBURN STREET BAKERSFIELD, CA 93306 | 47-3888466 | 501(C)(3) | 42,500. | 0. | | | CHARITABLE |
| BAKERSFIELD RECOVERY SERVICES, INC. - PO BOX 3218 - BAKERSFIELD, CA 93305 | 77-0168396 | 501(C)(3) | 48,428. | 0. | | | CHARITABLE |
| KECK MEDICINE OF USC 1150 SOUTH OLIVE STREET, 25TH FLOOR LOS ANGELES, CA 90015 | 95-1642394 | 501(C)(3) | 50,000. | 0. | | | CHARITABLE |
| CALIFORNIA TROUT 360 PINE STREET 4TH FLOOR SAN FRANCISCO, CA 94609 | 23-7097680 | 501(C)(3) | 53,598. | 0. | | | CHARITABLE |

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BETHESDA TEACHING MINISTRY PO BOX 20028 EL CAJON, CA 92021 | 95-3248137 | 501(C)(3) | 60,000. | 0. | | | CHARITABLE |
| TAFT COLLEGE FOUNDATION 29 EMMONS PARK DRIVE TAFT, CA 93268 | 43-2023035 | 501(C)(3) | 60,000. | 0. | | | CHARITABLE |
| CSUB FOUNDATION 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311 | 95-2643086 | 501(C)(3) | 67,000. | 0. | | | CHARITABLE |
| BAKERSFIELD SYMPHONY ORCHESTRA INC. - PO BOX 751 - BAKERSFIELD, CA 93302 | 95-6001765 | 501(C)(3) | 69,076. | 0. | | | CHARITABLE |
| GARDEN PATHWAYS, INC. 1616 29TH STREET BAKERSFIELD, CA 93301 | 77-0442212 | 501(C)(3) | 86,700. | 0. | | | CHARITABLE |
| PLUMAS CORPORATION PO BOX 3880 QUINCY, CA 95971 | 68-0016418 | 501(C)(3) | 87,074. | 0. | | | CHARITABLE |
| KERN COUNTY MUSEUM FOUNDATION 3801 CHESTER AVE BAKERSFIELD, CA 93301 | 77-0272697 | 501(C)(3) | 87,168. | 0. | | | CHARITABLE |
| SHEPOWER LEADERSHIP ACADEMY PO BOX 13153 BAKERSFIELD, CA 93389 | 82-2677773 | 501(C)(3) | 100,487. | 0. | | | CHARITABLE |
| | | | | | | | |

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

2021

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 | 4 | 155,980 | 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 V, 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) 2021

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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 |
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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 | |
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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 |
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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.

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?

| | Yes | No |
|--|-----|----|
| 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 VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate 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 | | Yes | No | |
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Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

California Exempt Organization Annual Information Return

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

Corporation/Organization name: **KERN COMMUNITY FOUNDATION**

California corporation number: **2234366**

FEIN: **77-0555874**

Street address (suite or room): **3300 TRUXTUN AVENUE, SUITE 220**

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? If "Yes," enter the gross receipts from nonmember sources \$ _____ Yes No

L Is the organization a limited liability company? Yes No

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

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

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

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

| | | | | | |
|-----------------------|----|--|----|-----------|----|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 3,694,656 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 4,649,756 | 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 | 8,344,412 | 00 |
| | 5 | Cost of goods sold | 5 | | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 1,855,777 | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 1,855,777 | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 6,488,635 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 3,474,034 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 3,014,601 | 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 | Penalties and interest. See General Information J | 15 | | 00 |
| | 16 | Balance due. Add line 12 and line 15. Then subtract line 11 from the result | 16 | | 00 |

Sign Here

Signature of officer: _____ Title: **PRESIDENT & CE** Date: _____ Telephone: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P01233494**

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 Yes No

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

128951 01-19-22

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|-------------------|-----------|-----------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | | 00 | |
| | 2 | Interest | • | 2 | 174,159 | 00 | |
| | 3 | Dividends | • | 3 | 211,968 | 00 | |
| | 4 | Gross rents | • | 4 | | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) | STATEMENT 2 • | 6 | 2,811,133 | 00 | |
| | 7 | Other income | SEE STATEMENT 3 • | 7 | 497,396 | 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 | 3,694,656 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid | STATEMENT 4 • | 9 | 1,990,931 | 00 | |
| | 10 | Disbursements to or for members | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees | SEE STATEMENT 5 • | 11 | 106,970 | 00 | |
| | 12 | Other salaries and wages | • | 12 | 219,027 | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 00 |
| | | 14 | Taxes | • | 14 | 26,683 | 00 |
| | | 15 | Rents | • | 15 | 56,814 | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 247 | 00 |
| | | 17 | Other expenses and disbursements | SEE STATEMENT 6 • | 17 | 1,073,362 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 3,474,034 | 00 |

| Schedule L Balance Sheet | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|------------|---------------------|--------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 7,992,981 | | • 10,607,446 |
| 2 Net accounts receivable | | 422,862 | | • 148,473 |
| 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 7 | | 24,014,294 | | • 28,417,636 |
| 10 a Depreciable assets | 36,095 | | 32,199 | |
| b Less accumulated depreciation | (35,532) | 563 | (29,825) | 2,374 |
| 11 Land | | | | • |
| 12 Other assets STMT 8 | | 34,520 | | • 38,101 |
| 13 Total assets | | 32,465,220 | | 39,214,030 |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | 308,840 | | • 50,232 |
| 15 Contributions, gifts, or grants payable | | 107,500 | | • 183,347 |
| 16 Bonds and notes payable | | | | • |
| 17 Mortgages payable | | | | • |
| 18 Other liabilities STMT 9 | | 5,186,730 | | 7,844,052 |
| 19 Capital stock or principal fund | | | | • |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 Retained earnings or income fund | | 26,862,150 | | • 31,136,399 |
| 22 Total liabilities and net worth | | 32,465,220 | | 39,214,030 |

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 | • 4,261,837 | 7 Income recorded on books this year not included in this return. Attach schedule * | • 1,247,236 |
| 2 Federal income tax | • | 8 Deductions in this return not charged against book income this year. | |
| 3 Excess of capital losses over capital gains | • | Attach schedule | • |
| 4 Income not recorded on books this year. Attach schedule | • | 9 Total. Add line 7 and line 8 | 1,247,236 |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule | • | 10 Net income per return. | |
| 6 Total. Add line 1 through line 5 | 4,261,837 | Subtract line 9 from line 6 | 3,014,601 |

* SEE STATEMENT

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

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|---|---|--------------|------------|
| JIM BURKE FORD LINCOLN JAGUAR CERTIFIED AUTO RENTAL & LEASING | 2001 OAK STREEET BAKERSFIELD, CA 93301 | 12/30/21 | 1,505,856. |
| AERA ENERGY LLC | PO BOX 11164 BAKERSFIELD, CA 93389-1164 | 12/22/21 | 550,000. |
| THE JOHN E BOYDSTUN REV TRUST | 326 CHESTER AVENUE BAKERSFIELD, CA 93301 | 11/17/21 | 218,000. |
| CHARLES SCHWAB | 211 MAIN STREET SAN FRANCISCO, CA 94105 | 12/21/21 | 200,000. |
| BAKERSFIELD ROTARY - WATERMAN FOUNDATION | PO BOX 1628 BAKERSFIELD, CA 93302 | 06/11/21 | 56,685. |
| KAISER FOUNDATION HOSPITALS, KERN | 2701 NW VAUGHN ST STE 490 PORTLAND, OR 97210-5358 | 01/03/21 | 50,000. |
| URNER'S | PO BOX 41240 BAKERSFIELD, CA 93384-1240 | 12/23/21 | 47,277. |
| CALIFORNIA COMMUNITY FOUNDATION | 221 SO. FIGUEROA ST., STE. 400 LOS ANGELES, CA 90012 | 12/10/21 | 41,945. |
| B & B BONNER FAMILY TRUST | 1311 SE BLUEBIRD DRIVE GRANTS PASS, OR 97526 | 06/22/21 | 26,100. |
| ELLIS AND CORA ANDREWS SCHOLARSHIP FAMILY FOUNDATION | 302 RICHARDSON WAY MILL VALLEY, CA 94941-4032 | 11/16/21 | 25,000. |
| NICKEL FAMILY, LLC | PO BOX 60679 BAKERSFIELD, CA 93386-0679 | 12/30/21 | 25,000. |
| PATRICIA CRAIL BROWN FOUNDATION | 1600 HUNTINGTON DRIVE SOUTH PASADENA, CA 91030 | 12/30/21 | 20,000. |
| VALLEY FAMILY CLINIC | IDALIA ABLIN BAKERSFIELD, CA 93306 | 12/13/21 | 20,000. |
| ANTONGIOVANNI 2020 IRRV TRUST | 5100 CALIFORNIA AVE, STE 230 BAKERSFIELD, CA 93309 | 04/14/21 | 20,000. |
| JUDGE AND MRS. DAVID LAMPE | 3101 CLAPPINGTON ROAD BAKERSFIELD, CA 93311 | 12/29/21 | 10,000. |

KERN COMMUNITY FOUNDATION

77-0555874

| | | | |
|--|---|----------|----------|
| COLLEGE FUTURES FOUNDATION | 1 FRONT STREET, SUITE 1325 SAN FRANCISCO, CA 94111 | 11/18/21 | 10,000. |
| SEEDCORE FOUNDATION | 5001 CALIFORNIA AVE. SUITE 124 BAKERSFIELD, CA 93309 | 07/23/21 | 9,600. |
| AMERIPRISE FINANCIAL | 11001 RIVER RUN BLVD., SUITE 100 BAKERSFIELD, CA 93311 | 12/20/21 | 8,000. |
| MR. AND MRS. DUANE A. KEATHLEY | 2200 NANTES WAY BAKERSFIELD, CA 93311 | 12/31/21 | 55,155. |
| C & B INSURANCE SERVICES, INC. | 1800 19TH STREET BAKERSFIELD, CA 93301 | 11/16/21 | 5,000. |
| WRIGHT, MS. CASSIE | PO BOX 22350 BAKERSFIELD, CA 93390 | 12/29/21 | 200,000. |
| MR. AND MRS. BRIAN EZELL | 309 FAIRWAY DRIVE BAKERSFIELD, CA 93309 | 11/23/21 | 102,696. |
| MR. AND MRS. TIM WERDEL | 203 FAIRWAY DRIVE BAKERSFIELD, CA 93309 | 10/29/21 | 51,160. |
| MR. AND MRS. FRED MISONO | 14215 TABLE ROCK AVE BAKERSFIELD, CA 93314 | 12/29/21 | 20,000. |
| GRAFFIUS, MRS. PATRICIA | 5800 KIRKSIDE DRIVE, UNIT E BAKERSFIELD, CA 93309 | 03/30/21 | 10,000. |
| PIERUCCI, DR. RITA A. | 5400 LOCKHAVEN CT. BAKERSFIELD, CA 93312 | 06/01/21 | 6,667. |
| TRANG, TUNG T | 8805 MONTMEDY COURT BAKERSFIELD, CA 93311 | 12/25/21 | 5,000. |
| PACIFIC GAS & ELECTRIC | 77 BEALE STREET SAN FRANCISCO, CA 94105 | 06/03/21 | 5,000. |
| FIDELITY CHARITABLE-MR. & MRS. DAVID LIPSCOMB | PO BOX 770001 CINCINNATI, OH 45277 | 06/30/21 | 5,000. |
| BANK OF AMERICA CHARITABLE FOUNDATION | 100 N TRYON STREET CHARLOTTE , NC 28255 | 06/10/21 | 16,000. |
| BBVA | 2200 POST OAK BLVD., 21-FLOOR HOUSTON, TX 77056 | 08/26/21 | 12,500. |
| BLUE SHIELD OF CALIFORNIA | 601 12TH STREET, 21ST FLOOR OAKLAND, CA 94607 | 02/28/21 | 5,500. |
| EAST BAY COMMUNITY FOUNDATION | DE DOMINICO BUILDING OAKLAND, CA 94612 | 04/16/21 | 430,000. |

KERN COMMUNITY FOUNDATION

77-0555874

| | | | |
|---------------------------------|--|----------|-------------------|
| ZOMA FOUNDATION | PO BOX 1860 BENTONVILLE, AR 72712 | 08/16/21 | 62,500. |
| CENTRAL VALLEY FAMILY CLINIC | 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716 | 02/28/21 | 100,000. |
| TOTAL INCLUDED ON LINE 3 | | | <u>3,935,641.</u> |

| | | | |
|--------|---|-----------|---|
| CA 199 | CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID | STATEMENT | 4 |
|--------|---|-----------|---|

ACTIVITY CLASSIFICATION: CHARITABLE

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|-----------------------------------|---|--------------|---------|
| 911 AT EASE INTERNATIONAL, INC | P.O. BOX 30363 - SANTA BARBARA, CA 93130 | NONE | 41,370. |

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|--|--|--------------|--------|
| ADVENTIST HEALTH TEHACHAPI VALLEY FOUNDA | 115 WEST E STREET - TEHACHAPI, CA 93561 | NONE | 1,000. |

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|--|---|--------------|---------|
| ALLIANCE AGAINST FAMILY VIOLENCE AND SEX | 1921 19TH STREET - BAKERSFIELD, CA 93301 | NONE | 15,341. |

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|----------------------|---|--------------|--------|
| ALL SEATED IN A BARN | 13116 AMANDA COURT - BAKERSFIELD, CA 93314 | NONE | 1,000. |

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|-------------------------------|---|--------------|--------|
| ALPHA TAU OMEGA FOUNDATION | 333 N. ALABAMA STREET STE 220 - INDIANAPOLIS, IN 46204 | NONE | 7,000. |

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|--|--|--------------|--------|
| ALZHEIMER'S DISEASE ASSOCIATION OF KERN | 4203 BUENA VISTA ROAD - BAKERSFIELD, CA 93311 | NONE | 1,125. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------|--|---------------------|---------------|
| AMERICAN CANCER SOCIETY | 5420 CALIFORNIA AVE - BAKERSFIELD, CA 93309 | NONE | 100. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| AMERICAN GATEWAYS | 314 E HIGHLAND MALL BLVD 501 - AUSTIN, TX 78752 | NONE | 250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|--|---------------------|---------------|
| AMERICAN LUNG ASSOCIATION IN CALIFORNIA | 2020 CAMINO DEL RIO STE 200 - SAN DIEGO, CA 92108 | NONE | 100. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| AMERICAN RED CROSS - CENTRAL VALLEY REGI | 1300 SHAW AVENUE WEST, SUITE 4B - FRESNO, CA 93711 | NONE | 4,693. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|--|---------------------|---------------|
| AMERICA'S CHARITIES | 14150 NEWBROOK DRIVE, SUITE 110 - CHANTILLY, VA 20151 | NONE | 9,400. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------------|--|---------------------|---------------|
| ASSISTANCE LEAGUE BAKERSFIELD | PO BOX 2286 - BAKERSFIELD, CA 93303 | NONE | 10,985. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| BAGS4KIDS | 10701 APPLEWOOD DRIVE - CALIFORNIA CITY, CA 93505 | NONE | 250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| BAKERSFIELD ANGELS | 8200 STOCKDALE HWY - BAKERSFIELD, CA 93311 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| BAKERSFIELD FIREFIGHTERS BURN FOUNDATION | PO BOX 2393 - BAKERSFIELD, CA 93303 | NONE | 2,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| BAKERSFIELD FIREFIGHTERS HISTORICAL SOCI | 8200 STOCKDALE HWY M10-295 - BAKERSFIELD, CA 93311 | NONE | 25,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|--|---------------------|---------------|
| BAKERSFIELD HOMELESS CENTER | 1600 E TRUXTUN AVENUE - BAKERSFIELD, CA 93305 | NONE | 3,882. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------------|---|---------------------|---------------|
| BAKERSFIELD IVY LEGACY FOUNDATION | PO BOX 12556 - BAKERSFIELD, CA 93389 | NONE | 1,050. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|--|---------------------|---------------|
| BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION | PO BOX 2401 - BAKERSFIELD, CA 93303 | NONE | 16,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|------------------------------|--|---------------------|---------------|
| BAKERSFIELD MUSEUM OF ART | 1930 R STREET - BAKERSFIELD, CA 93301 | NONE | 24,150. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|------------------------------|--|---------------------|---------------|
| BAKERSFIELD MUSIC THEATRE | 1931 CHESTER AVENUE - BAKERSFIELD, CA 93301 | NONE | 350. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------------|--|---------------------|---------------|
| BAKERSFIELD PREGNANCY CENTER | PO BOX 1430 - BAKERSFIELD, CA 93302 | NONE | 21,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| BAKERSFIELD RECOVERY SERVICES, INC. | PO BOX 3218 - BAKERSFIELD, CA 93305 | NONE | 48,428. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| BAKERSFIELD SPCA | 3000 GIBSON STREET - BAKERSFIELD, CA 93308 | NONE | 1,878. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---------------------------------------|---------------------|---------------|
| BAKERSFIELD SYMPHONY ORCHESTRA INC. | PO BOX 751 - BAKERSFIELD, CA 93302 | NONE | 69,076. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|--------------------------------------|---------------------|---------------|
| BETHESDA TEACHING MINISTRY | PO BOX 20028 - EL CAJON, CA 92021 | NONE | 60,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|--|---------------------|---------------|
| BILLY GRAHAM EVANGELISTIC ASSOCIATION | 1 BILLY GRAHAM PKWY - CHARLOTTE, NC 28201 | NONE | 5,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| BLACK GIRLS CODE | P.O. BOX 640926 - SAN FRANCISCO, CA 94164 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|--|---------------------|---------------|
| BLUEBIRD MINISTRIES | 1311 SE BLUE BIRD DR - GRANTS PASS, OR 97526 | NONE | 2,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|-----------------------------------|---------------------|---------------|
| BOYS & GIRLS CLUBS OF FRESNO COUNTY | 540 N. AUGUSTA - FRESNO, CA 93701 | NONE | 5,000. |

| <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 | 2,078. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| BRISTOL HOSPICE FOUNDATION OF CALIFORNIA | 1227 CHESTER AVE - BAKERSFIELD, CA 93301 | NONE | 250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| BUENA VISTA MUSEUM OF NATURAL HISTORY IN | 2018 CHESTER AVENUE - BAKERSFIELD, CA 93301 | NONE | 1,582. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| CAIN MEMORIAL AFRICAN METHODIST EPISCOPA | 630 CALIFORNIA AVE. - BAKERSFIELD, CA 93304 | NONE | 10,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|-----------------------------------|---------------------|---------------|
| CALIFORNIA AGRICULTURAL LEADERSHIP FOUND | PO BOX 479 - SALINAS, CA 93902 | NONE | 10,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| CALIFORNIA LIVING MUSEUM FOUNDATION | 1300 17TH STREET - BAKERSFIELD, CA 93301 | NONE | 4,132. |

| <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 | 53,598. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| CALIFORNIA VETERANS ASSISTANCE FOUNDATIO | 2215 BUENA VISTA ST. - BAKERSFIELD, CA 93304 | NONE | 42,150. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------|---|---------------------|---------------|
| CAMP KEEP FOUNDATION | 1300 17TH ST - BAKERSFIELD, CA 93301 | NONE | 250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| CASA ESPERANZA TRANSITIONAL HOME FOR WOM | 5501 STOCKDALE HWY - BAKERSFIELD, CA 93389 | NONE | 10,550. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------|--|---------------------|---------------|
| CATHOLIC ANSWERS, INC. | 2020 GILLESPIE WAY - EL CAJON, CA 92020 | NONE | 300. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| CATHOLIC CHARITIES | 825 CHESTER AVENUE - BAKERSFIELD, CA 93301 | NONE | 1,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| CATHOLIC LEAGUE FOR RELIGIOUS AND CIVIL | 450 7TH AVENUE 34TH FLR - NEW YORK, NY 10123 | NONE | 125. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| CHILD GUIDANCE GUILD OF BAKERSFIELD INC | 1905 18TH ST - BAKERSFIELD, CA 93301 | NONE | 1,075. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|--|---------------------|---------------|
| CHILDREN'S MIRACLE NETWORK HOSPITALS | 205 WEST 700 SOUTH - SALT LAKE CITY, UT 84101 | NONE | 12,472. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------|---|---------------------|---------------|
| CHRISTAR INTERNATIONAL | 1500 INTERNATIONAL PKWY, SUITE 300 - RICHARDSON, TX 75081 | NONE | 1,800. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|---|---------------------|---------------|
| CHRISTIAN HOUSING RELIEF PROJECT | PO BOX 11271 - BAKERSFIELD, CA 93389 | NONE | 2,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|--------------------------------------|---------------------|---------------|
| CHRISTIAN MISSIONS IN MANY LANDS | PO BOX 13 - SPRING LAKE, NJ 07762 | NONE | 1,200. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------------|-------------------------------------|---------------------|---------------|
| CHRISTIAN YOUTH FILM SOCIETY INC | PO BOX 1474 - BAKERSFIELD, CA 93302 | NONE | 5,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| CITYSERVE NETWORK | 7001 AUBURN STREET - BAKERSFIELD, CA 93306 | NONE | 42,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------|-------------------------------------|---------------------|---------------|
| COLORADO SCHOOL OF MINES | 1200 16TH STREET - GOLDEN, CO 80401 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---------------------------------------|---------------------|---------------|
| COMMUNITY FOUNDATION FOR MONTEREY COUNTY | 2354 GARDEN ROAD - MONTEREY, CA 93940 | NONE | 5,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|------------------------------------|---------------------|---------------|
| COMMUNITY SCHOLARSHIP ALLIANCE | 187 E POLK ST - COALINGA, CA 93210 | NONE | 2,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|-------------------------------------|---------------------|---------------|
| CONSUMER REPORTS | PO BOX 96552 - WASHINGTON, DC 20090 | NONE | 40. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------|---|---------------------|---------------|
| COUNTRY OAKS BAPTIST CHURCH | 20915 SCHOUT ROAD - TEHACHAPI, CA 93561 | NONE | 1,221. |

| <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 | 10,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|--|---------------------|---------------|
| COVENANT COMMUNITY SERVICES, INC | 1700 N CHESTER AVENUE - BAKERSFIELD, CA 93308 | NONE | 2,122. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------|--|---------------------|---------------|
| CRITTERS WITHOUT LITTERS | 4300 STINE ROAD SUITE 720 - BAKERSFIELD, CA 93313 | NONE | 1,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|-------------------------------------|---------------------|---------------|
| DALLAS THEOLOGICAL SEMINARY | PO BOX 734215 - DALLAS, TX 75373 | NONE | 900. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|------------------------------|--|---------------------|---------------|
| DOLORES HUERTA FOUNDATION | PO BOX 2087 - BAKERSFIELD, CA 93303 | NONE | 10,897. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| DORDT UNIVERSITY | 700TH STREET NE - SIOUX CENTER, IA 51250 | NONE | 1,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------|---|---------------------|---------------|
| DUCKS UNLIMITED INC. | 200 WEST WILLMOTT AVENUE - LOS BANOS, CA 93635 | NONE | 35. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|---|---------------------|---------------|
| DYNAMIC CATHOLIC INSTITUTE | 5081 OLYMPIC BLVD - ERLANGER, KY 41018 | NONE | 120. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|--------------------------------------|---------------------|---------------|
| DYNAMIC CHURCH PLANTING INTERNATIONAL | PO BOX 4119 - OCEANSIDE, CA 92052 | NONE | 1,200. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| ETERNAL WORD TELEVISION NETWORK INC | 5817 OLD LEEDS RD - IRONDALE, AL 35210 | NONE | 100. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------|---|---------------------|---------------|
| FARMER VETERAN COALITION | 500 CAPITOL MALL SUITE 2350 - SACRAMENTO, CA 95814 | NONE | 583. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------------|--|---------------------|---------------|
| FIRST BAPTIST CHURCH ROCKWALL | 610 SOUTH GOLIAD - ROCKWALL, TX 75087 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| FIRST PRESBYTERIAN CHURCH OF BAKERSFIELD | 1705 17TH STREET - BAKERSFIELD, CA 93301 | NONE | 3,082. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------------|------------------------------------|---------------------|---------------|
| FOOD BANK FOR MONTEREY COUNTY | PO BOX 3965 - SALINAS, CA 93912 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| FOOD FOR THE POOR | 6401 LYONS ROAD - COCONUT CREEK, FL 33073 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------|--|---------------------|---------------|
| FOX THEATER FOUNDATION | 2001 H STREET - BAKERSFIELD, CA 93301 | NONE | 8,083. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|---------------------------------------|---------------------|---------------|
| FRIENDS OF MERCY FOUNDATION | PO BOX 119 - BAKERSFIELD, CA 93302 | NONE | 4,782. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|---|---------------------|---------------|
| GARCES MEMORIAL HIGH SCHOOL | 2800 LOMA LINDA DR - BAKERSFIELD, CA 93305 | NONE | 6,250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| GARCES MEMORIAL HIGH SCHOOL FOUNDATION | 2801 LOMA LINDA DR - BAKERSFIELD, CA 93305 | NONE | 1,150. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------|---|---------------------|---------------|
| GARDEN PATHWAYS, INC. | 1616 29TH STREET - BAKERSFIELD, CA 93301 | NONE | 86,700. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------|---|---------------------|---------------|
| GOLDEN EMPIRE GLEANERS | 1326 30TH STREET, UNIT A - BAKERSFIELD, CA 93301 | NONE | 682. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------|---|---------------------|---------------|
| GRACE ASSEMBLY OF GOD | 2800 LARSON LANE - BAKERSFIELD, CA 93304 | NONE | 2,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------|---|---------------------|---------------|
| GRAND CANYON UNIVERSITY | 3300 WEST CAMELBACK ROAD - PHOENIX, AZ 85017 | NONE | 2,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| GRIMMWAY SCHOOLS | 5080 CALIFORNIA AVE STE 100 - BAKERSFIELD, CA 93309 | NONE | 300. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| HABITAT FOR HUMANITY - GOLDEN EMPIRE | 1500 E 19TH STREET - BAKERSFIELD, CA 93305 | NONE | 6,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| HAGGAI INSTITUTE FOR ADVANCED LEADERSHIP | 4725 PEACHTREE CORNERS CIRCLE, SUITE 200 - NORCROSS, GA 30092 | NONE | 250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| HARVARD UNIVERSITY | 1350 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02138 | NONE | 3,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------|--|---------------------|---------------|
| H.E.A.R.T.S. CONNECTION | 200 S. MONTCLAIR STREET STE A - BAKERSFIELD, CA 93309 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---------------------------------------|---------------------|---------------|
| HELPING ANIMALS LIVE TOMORROW RESCUE | PO BOX 733 - BAKERSFIELD, CA 93302 | NONE | 25. |

| <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 | 21,113. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|--|---------------------|---------------|
| HERITAGE OAK SCHOOL | 20915 SCHOUT RD - TEHACHAPI, CA 93561 | NONE | 10,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| HOFFMANN HOSPICE | 4325 BUENA VISTA ROAD, BUILDING A - BAKERSFIELD, CA 93311 | NONE | 20,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|---|---------------------|---------------|
| HOKULOLO UNITED CHURCH OF CHRIST | P.O. BOX 384239 - WAIKOLOA, HI 96738 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------|---|---------------------|---------------|
| HONOR FLIGHT KERN COUNTY | 8200 STOCKDALE HWY, SUITE M-10 - BAKERSFIELD, CA 93311 | NONE | 750. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|---|---------------------|---------------|
| HUMANE AMERICA ANIMAL FOUNDATION | 310 N. INDIAN HILL BLVD., #800 - CLAREMONT, CA 91711 | NONE | 300. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|------------------------------|---|---------------------|---------------|
| HUMBOLDT STATE UNIVERSITY | 1 HARPST ST., SUITE 285 - ARCATA, CA 95521 | NONE | 2,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---------------------------------------|---------------------|---------------|
| IMMACULATE HEART MEDIA, INC.(DBA RELEVAN | PO BOX 10707 - GREEN BAY, WI 54307 | NONE | 300. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------|------------------------------------|---------------------|---------------|
| IMPACT AUSTIN FOUNDATION | PO BOX 28148 - AUSTIN, TX 78755 | NONE | 1,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|---|---------------------|---------------|
| INDEPENDENCE THROUGH GRACE | 1830 TRUXTUN AVENUE, SUITE 101 - BAKERSFIELD, CA 93301 | NONE | 2,200. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------|---|---------------------|---------------|
| INFLUENCERS BAKERSFIELD | PO BOX 22811 - BAKERSFIELD, CA 93390 | NONE | 15,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|--|---------------------|---------------|
| INTERNATIONAL TEAMS | 2155 POINT BLVD STE 200 - ELGIN, IL 60123 | NONE | 700. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------|---|---------------------|---------------|
| KECK MEDICINE OF USC | 1150 SOUTH OLIVE STREET, 25TH FLOOR - LOS ANGELES, CA 90015 | NONE | 50,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|---|---------------------|---------------|
| KERN ATHLETIC FENCING FOUNDATION | 10717 LOUGHTON AVE - BAKERSFIELD, CA 93311 | NONE | 25. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| KERN COMMUNITY FOUNDATION REAL PROPERTY, | 3300 TRUXTUN AVENUE, SUITE 200 - BAKERSFIELD, CA 93301 | NONE | 1,407. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------------|---|---------------------|---------------|
| KERN COMMUNITY TENNIS ASSOCIATION | PO BOX 11915 - BAKERSFIELD, CA 93389 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|--|---------------------|---------------|
| KERN COUNTY 999 FOUNDATION | 4208 ROSEDALE HWY, SUITE 302-101 - BAKERSFIELD, CA 93308 | NONE | 7,496. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------------|---|---------------------|---------------|
| KERN COUNTY CANCER FOUNDATION | 6501 TRUXTUN AVE - BAKERSFIELD, CA 93309 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| KERN COUNTY FIRE FIGHTERS BURN SURVIVORS | 7900 DOWNING AVE. SUITE D - BAKERSFIELD, CA 93308 | NONE | 4,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| KERN COUNTY HISPANIC CHAMBER OF COMMERCE | 1601 H STREET, STE 201 - BAKERSFIELD, CA 93301 | NONE | 10,113. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| KERN COUNTY LAW ENFORCEMENT FOUNDATION | PO BOX 1249 - BAKERSFIELD, CA 93302 | NONE | 7,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------------|---|---------------------|---------------|
| KERN COUNTY LIBRARY FOUNDATION | 701 TRUXTUN AVENUE - BAKERSFIELD, CA 93301 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| KERN COUNTY LULAC | PO BOX 21173 - BAKERSFIELD, CA 93390 | NONE | 5,000. |

| <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 | 87,168. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| KERN COUNTY MUSIC EDUCATORS ASSOCIATION | 3004 KENNEDY WAY - BAKERSFIELD, CA 93309 | NONE | 684. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------------|---|---------------------|---------------|
| KERN COUNTY SPECIAL OLYMPICS | 1800 OAK ST. STE B - BAKERSFIELD, CA 93301 | NONE | 100. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| KERN COUNTY SUPERINTENDENT OF SCHOOLS ED | 1300 17TH STREET - BAKERSFIELD, CA 93301 | NONE | 25,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|--|---------------------|---------------|
| KERN LEADERSHIP ALLIANCE SERVICES, INC. | 2229 Q STREET - BAKERSFIELD, CA 93301 | NONE | 2,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------|--|---------------------|---------------|
| KERN LITERACY COUNCIL | 331 18TH STREET - BAKERSFIELD, CA 93301 | NONE | 6,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| KERN PARTNERSHIP FOR CHILDREN AND FAMILI | 100 E. CALIFORNIA AVENUE - BAKERSFIELD, CA 93307 | NONE | 10,582. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|---|---------------------|---------------|
| KERN REAL ESTATE FOUNDATION | 3300 TRUXTUN AVENUE, SUITE 200 - BAKERSFIELD, CA 93301 | NONE | 7,967. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------|--------------------------------------|---------------------|---------------|
| KERN RIVER CONSERVANCY | PO BOX 1042 - KERNVILLE, CA 93238 | NONE | 6,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------|---|---------------------|---------------|
| LAURELGLEN BIBLE CHURCH | 2801 ASHE ROAD - BAKERSFIELD, CA 93309 | NONE | 5,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------|--|---------------------|---------------|
| LEAGUE OF DREAMS, INC. | 7737 MEANY AVE STE B5 - BAKERSFIELD, CA 93308 | NONE | 1,250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| MAGDALENE HOPE | PO BOX 2631 - BAKERSFIELD, CA 93303 | NONE | 350. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------|--|---------------------|---------------|
| MAKE A WISH FOUNDATION | 5330 OFFICE CENTER COURT, STE 62 - BAKERSFIELD, CA 93309 | NONE | 550. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| MAKE-A-WISH FOUNDATION OF CENTRAL CALIFO | 351 W.CROMWELL AVE. SUITE 112-A - FRESNO, CA 93711 | NONE | 8,766. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|---|---------------------|---------------|
| MARICOPA UNIFIED SCHOOL DISTRICT | 955 STANISLAUS STREET - MARICOPA, CA 93252 | NONE | 750. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|------------------------------|---|---------------------|---------------|
| MARLEY'S MUTTS DOG RESCUE | 1121 WEST VALLEY BLVD. - SUITE I #140 - TEHACHAPI, CA 93561 | NONE | 2,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|---|---------------------|---------------|
| MENDIBURU MAGIC FOUNDATION | PO BOX 20687 - BAKERSFIELD, CA 93390 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| MISSIONS DOOR | 750 W HAMPDEN AVE. STE 518 - ENGLEWOOD, CO 80110 | NONE | 3,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------|--------------------------------------|---------------------|---------------|
| MONTANA STATE UNIVERSITY | PO BOX 174160 - BOZEMAN, MT 59717 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|--|---------------------|---------------|
| MORNING STAR FRESH FOOD MINISTRY | 901 SACRAMENTO STREET - BAKERSFIELD, CA 93305 | NONE | 10,250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------|--|---------------------|---------------|
| NAMI KERN COUNTY CHAPTER | PO BOX 9144 - BAKERSFIELD, CA 93389 | NONE | 150. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|---|---------------------|---------------|
| NOEL ALEXANDRIA FOUNDATION | 8200 STOCKDALE HWY STE. M10-344 - BAKERSFIELD, CA 93311 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|--|---------------------|---------------|
| NORTHMINSTER PRESBYTERIAN CHURCH | 3700 UNION AVENUE - BAKERSFIELD, CA 93305 | NONE | 1,750. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| NORTH OF THE RIVER RECREATION FOUNDATION | 3825 RIVERLAKES DR - BAKERSFIELD, CA 93312 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|--|---------------------|---------------|
| NORTHWEST ANIMAL COMPANIONS | 5130 SW DOVER LN - PORTLAND, OR 97225 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------|--|---------------------|---------------|
| NO SISTER LEFT BEHIND | 4710 CIMARRON RIDGE DRIVE - BAKERSFIELD, CA 93313 | NONE | 25,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------|---|---------------------|---------------|
| OPERATION HOMEFRONT, INC | 1355 CENTRAL PARKWAY SOUTH, STE 100 - SAN ANTONIO, TX 78232 | NONE | 2,100. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------------|---|---------------------|---------------|
| OUTSTANDING FARMERS OF AMERICA | 14970 WEST BUICH ROAD - PEARL CITY, IL 61062 | NONE | 582. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------------|---|---------------------|---------------|
| PANAMA BUENA VISTA FOUNDATION | 4200 ASHE ROAD - BAKERSFIELD, CA 93313 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|---|---------------------|---------------|
| PAWS4LAW FOUNDATION | 25060 HANCOCK AVE SUITE 103-225 - MURRIETA, CA 92562 | NONE | 250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|-----------------------------------|---------------------|---------------|
| PLUMAS CORPORATION | PO BOX 3880 - QUINCY, CA 95971 | NONE | 87,074. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------|--|---------------------|---------------|
| PORTERVILLE HIGH SCHOOL | 465 WEST OLIVE AVENUE - PORTERVILLE, CA 93257 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|---|---------------------|---------------|
| PUBLIC SAFETY PROFESSIONALS RETREAT | 2204 TRUXTUN AVE - BAKERSFIELD, CA 93301 | NONE | 2,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|------------------------------------|---------------------|---------------|
| RANCHO CIELO INC | PO BOX 6948 - SALINAS, CA 93912 | NONE | 5,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| RONALD MCDONALD HOUSE CHARITIES OF SOUTH | 420 34TH STREET - BAKERSFIELD, CA 93301 | NONE | 7,900. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------|--|---------------------|---------------|
| ROSE AGAIN FOUNDATION | 32039 CORTE SPARKMAN - TEMECULA, CA 92592 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|-----------------------------------|---------------------|---------------|
| SAINT ANDREWS ABBEY | PO BOX 40 - VALYERMO, CA 93563 | NONE | 550. |

| <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 | 10,250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------|---|---------------------|---------------|
| SAINT FRANCIS CHURCH | 900 H STREET - BAKERSFIELD, CA 93304 | NONE | 4,200. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------|---|---------------------|---------------|
| SAINT VINCENT DE PAUL | 300 BAKER STREET - BAKERSFIELD, CA 93305 | NONE | 5,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| SALVATION ARMY | 4417 WILSON ROAD - BAKERSFIELD, CA 93309 | NONE | 10,582. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| SAN LUCAS UNION ELEMENTARY SCHOOL DISTRI | 53675 SAN BENITO STREET - SAN LUCAS, CA 93954 | NONE | 2,508. |

| <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 | 31,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|------------------------------------|---------------------|---------------|
| SHAFTER HISTORICAL SOCIETY | PO BOX 1088 - SHAFTER, CA 93263 | NONE | 5,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|-----------------------------------|---------------------|---------------|
| SHAFTER SYMPHONY ORCHESTRA | PO BOX 699 - SHAFTER, CA 93263 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|---|---------------------|---------------|
| SHEPOWER LEADERSHIP ACADEMY | PO BOX 13153 - BAKERSFIELD, CA 93389 | NONE | 112,900. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| SHRINERS HOSPITAL FOR CHILDREN - LOS ANG | 909 S. FAIR OAKS AVENUE - PASADENA, CA 91105 | NONE | 1,420. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------------|--|---------------------|---------------|
| SJV (SAN JOAQUIN VALLEY) WATER | P.O. BOX 1866 - BAKERSFIELD, CA 93303 | NONE | 1,000. |

| <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 | 21,582. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|--|---------------------|---------------|
| SPECIAL OLYMPICS SOUTHERN CALIFORNIA | P.O. BOX 2544 - BAKERSFIELD, CA 93303 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|--|---------------------|---------------|
| ST. ANTHONY RETREAT CENTER | PO BOX 249 - THREE RIVERS, CA 93271 | NONE | 200. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| STARBASE EDWARDS | 40256 CRESTRIDGE WAY - PALMDALE, CA 93551 | NONE | 25,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL | 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | NONE | 850. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------------|---|---------------------|---------------|
| ST. PHILIP THE APOSTLE CHURCH | 7100 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93309 | NONE | 7,510. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|----------------------------------|---------------------|---------------|
| STRENGTH OF SHADOW DOG RESCUE, INC. | PO BOX 97 - BODFISH, CA 93205 | NONE | 1,250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------------|---------------------------------------|---------------------|---------------|
| SYMPHONY OF HOPE INTERNATIONAL | PO BOX 609 - SAN LEANDRO, CA 94577 | NONE | 1,800. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------|--|---------------------|---------------|
| TEJON RANCH CONSERVANCY | PO BOX 216 - FRAZIER PARK, CA 93225 | NONE | 582. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| THE CAT PEOPLE | PO BOX 13610 - BAKERSFIELD, CA 93389 | NONE | 1,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|--|---------------------|---------------|
| THE MISSION AT KERN COUNTY | PO BOX 2222 - BAKERSFIELD, CA 93303 | NONE | 24,318. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| THE NORBERTINE CANONESSES OF THE BETHLEH | 17831 WATER CANYON ROAD - TEHACHAPI, CA 93561 | NONE | 150. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------|---|---------------------|---------------|
| THE PLANK FOUNDATION | P.O. BOX 173 - BAKERSFIELD, CA 93302 | NONE | 11,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--------------------------------------|---------------------|---------------|
| THE SALVATION ARMY RIDGECREST CORPS | PO BOX 189 - RIDGECREST, CA 93555 | NONE | 874. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|-------------------------------------|---------------------|---------------|
| THE UNITED STATES CONFERENCE OF THE MENN | PO BOX 20200 - WICHITA, KS 67208 | NONE | 7,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|------------------------------------|---------------------|---------------|
| THE VENTURA POLICE COMMUNITY FOUNDATION | PO BOX 3262 - VENTURA, CA 93006 | NONE | 5,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|--|---------------------|---------------|
| THOMAS MORE SOCIETY | 309 W. WASHINGTON ST., SUITE 1250 - CHICAGO, IL 60606 | NONE | 35. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------|--|---------------------|---------------|
| TRINITY ANGLICAN CHURCH | 11300 CAMPUS PARK DRIVE - BAKERSFIELD, CA 93311 | NONE | 500. |

| <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 | 25,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------------|--|---------------------|---------------|
| TULARE BASIN WETLANDS ASSOCIATION | 2235 HIGHWAY 46 STE 101 - WASCO, CA 93280 | NONE | 300. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|--|---------------------|---------------|
| TUNNEL TO TOWERS FOUNDATION | 2361 HYLAN BLVD - STATEN ISLAND, NY 10306 | NONE | 250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| UNBOUND | PO BOX 219114 - KANSAS CITY, MO 64121 | NONE | 480. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|---|---------------------|---------------|
| UNITED STATES NAVAL ACADEMY | 101 BUCHANAN RD. ROOM 4002 - ANNAPOLIS, MD 21402 | NONE | 4,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| U S NAVY CRUISER SAILORS ASSOCIATION INC | 717 SAN REMO CT - VIRGINIA BEACH, VA 23454 | NONE | 250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--|---------------------|---------------|
| VALLEY PBS | 1544 VAN NESS AVENUE - FRESNO, CA 93721 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|---|---------------------|---------------|
| WORD ON FIRE CATHOLIC MINISTRIES | P.O. BOX 170 - DES PLAINES, IL 60016 | NONE | 200. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|---|---------------------|---------------|
| WOUNDED HEROES FUND | 3121 STANDARD STREET - BAKERSFIELD, CA 93308 | NONE | 24,500. |

TOTAL FOR THIS ACTIVITY

1,580,180.

ACTIVITY CLASSIFICATION: EDUCATIONAL

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------------|--|---------------------|---------------|
| BAKERSFIELD COLLEGE FOUNDATION | 1801 PANORAMA DRIVE - BAKERSFIELD, CA 93305 | NONE | 8,632. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---------------------------------------|---------------------|---------------|
| BAKERSFIELD HIGH SCHOOL PARENT TEACHER S | PO BOX 866 - BAKERSFIELD, CA 93302 | NONE | 15,761. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------------|---|---------------------|---------------|
| CALIFORNIA LUTHERAN UNIVERSITY | 60 W. OLSEN RD - THOUSAND OAKS, CA 91360 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| CALIFORNIA POLYTECHNIC STATE UNIVERSITY, | 3801 WEST TEMPLE AVENUE - POMONA, CA 91768 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| CALIFORNIA POLYTECHNIC STATE UNIVERSITY, | CAL POLY 1 GRAND AVENUE - SAN LUIS OBISPO, CA 93407 | NONE | 11,500. |

| <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 | 38,250. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| CALIFORNIA STATE UNIVERSITY, CHANNEL ISL | 1 UNIVERSITY DRIVE - CAMARILLO, CA 93012 | NONE | 2,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|------------------------------------|--|---------------------|---------------|
| CALIFORNIA STATE UNIVERSITY, CHICO | 400 WEST FIRST STREET, SSC 250 - CHICO, CA 95929 | NONE | 2,500. |

| <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 | 11,000. |

| <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 | 2,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|--|---------------------|---------------|
| CALIFORNIA STATE UNIVERSITY, NORTHRIDGE | 18111 NORDHOFF STREET - NORTHRIDGE, CA 91330 | NONE | 1,000. |

| <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 | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|------------------------------|---|---------------------|---------------|
| CERRO COSO COMMUNITY COLLEGE | 3000 COLLEGE HEIGHTS BLVD - RIDGECREST, CA 93555 | NONE | 2,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| CSUB FOUNDATION | 9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311 | NONE | 67,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------|--|---------------------|---------------|
| JIM BURKE EDUCATION FOUNDATION | 2001 OAK STREET - BAKERSFIELD, CA 93301 | NONE | 11,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| KERN HIGH SCHOOL DISTRICT EDUCATIONAL FO | 5801 SUNDALE AVENUE - BAKERSFIELD, CA 93309 | NONE | 20,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------|---|---------------------|---------------|
| KERN VALLEY HIGH SCHOOL | 3340 ERSKINE CREEK RD. - LAKE ISABELLA, CA 93240 | NONE | 575. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| KERN VALLEY HIGH SCHOOL BRONC BOOSTERS | PO BOX 3098 - LAKE ISABELLA, CA 93240 | NONE | 1,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------------|--|---------------------|---------------|
| KERNVILLE UNION SCHOOL DISTRICT | 3240 ERSKINE CREEK RD - LAKE ISABELLA, CA 93240 | NONE | 4,000. |

| <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 | 10,145. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|--------------------------------------|---------------------|---------------|
| NORWICH UNIVERSITY | 158 HARMON DR - NORTHFIELD, VT 05663 | NONE | 2,500. |

| <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 | 11,750. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------------|---|---------------------|---------------|
| OUR LADY OF PERPETUAL HELP SCHOOL | 124 COLUMBUS STREET - BAKERSFIELD, CA 93305 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--|---------------------|---------------|
| SAN ARDO UNION ELEMENTARY SCHOOL DISTRIC | 62428 CENTER STREET - SAN ARDO, CA 93450 | NONE | 2,457. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---|--------------------------------|---------------------|---------------|
| SAN BUENAVENTURA FRIENDS OF THE LIBRARY | PO BOX 403 - VENTURA, CA 93002 | NONE | 7,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------|--|---------------------|---------------|
| SAN DIEGO STATE UNIVERSITY | 5500 CAMPANILE DR. - SAN DIEGO, CA 92182 | NONE | 5,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------------|-----------------------------------|---------------------|---------------|
| SAN JOAQUIN VALLEY TOWN HALL INC | PO BOX 5149 - FRESNO, CA 93755 | NONE | 2,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|------------------------------|--------------------------------------|---------------------|---------------|
| ST. FRANCIS PARISH SCHOOL | 2516 PALM - BAKERSFIELD, CA 93301 | NONE | 2,911. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|-------------------------------------|---------------------|---------------|
| TAFT COLLEGE | 29 COUGAR COURT - TAFT, CA 93268 | NONE | 2,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------|--|---------------------|---------------|
| TAFT COLLEGE FOUNDATION | 29 EMMONS PARK DRIVE - TAFT, CA 93268 | NONE | 60,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------|-------------------------------------|---------------------|---------------|
| TAFT UNION HIGH SCHOOL | 701 WILDCAT WAY - TAFT, CA 93268 | NONE | 3,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|---------------------------------------|---------------------|---------------|
| UC DAVIS FOUNDATION | 1 SHIELDS AVENUE - DAVIS, CA 95616 | NONE | 582. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|-------------------------------------|---------------------|---------------|
| UC REGENTS - DAVIS | 2801 SECOND ST - DAVIS, CA 95618 | NONE | 10,000. |

| <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 | NONE | 9,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------------|---|---------------------|---------------|
| UNIVERSITY OF CALIFORNIA, DAVIS | PO BOX 989062 - WEST SACRAMENTO, CA 95616 | NONE | 10,750. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------------------|-------------------------------------|---------------------|---------------|
| UNIVERSITY OF CALIFORNIA, IRVINE | 102 ALDRICH HALL - IRVINE, CA 92697 | NONE | 1,500. |

| <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 | NONE | 9,500. |

| <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 | 3,900. |

| <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 | NONE | 10,900. |

| <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 | NONE | 15,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------|--|---------------------|---------------|
| UNIVERSITY OF HOUSTON | 4400 UNIVERSITY DR - HOUSTON, TX 77204 | NONE | 500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|------------------------|--|---------------------|---------------|
| UNIVERSITY OF LA VERNE | 1950 THIRD STREET - LA VERNE, CA 91750 | NONE | 963. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------|--|---------------------|---------------|
| UNIVERSITY OF SAN DIEGO | 5998 ALCALA PARK - SAN DIEGO, CA 92110 | NONE | 1,400. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------|--------------------------------------|---------------------|---------------|
| UTAH STATE UNIVERSITY | 1800 OLD MAIN HILL - LOGAN, UT 84322 | NONE | 1,400. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------|--------------------------------------|---------------------|---------------|
| VANGUARD UNIVERSITY | 55 FAIR DRIVE - COSTA MESA, CA 92626 | NONE | 2,500. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-------------------------------|---|---------------------|---------------|
| VENTURA EDUCATION PARTNERSHIP | 255 WEST STANLEY AVENUE - VENTURA, CA 93001 | NONE | 5,000. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|---------------------------|---|---------------------|---------------|
| WEST HIGH SCHOOL BOOSTERS | 1200 NEW STINE ROAD - BAKERSFIELD, CA 93309 | NONE | 10,100. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|--------------------------------------|---------------------|---------------|
| WESTSIDE COMMUNITY DEVELOPMENT CORPORATI | 110 N OLIVE ST J - VENTURA, CA 93001 | NONE | 100. |

| <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 | 6,175. |

TOTAL FOR THIS ACTIVITY 410,751.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,990,931.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HRS WORKED/WK</u> | <u>COMPENSATION</u> |
|--|--|---------------------|
| KRISTEN A. BEALL WATSON 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301 | PRESIDENT/CEO 1.00 | 106,970. |
| JEFFREY A. GUTIERREZ 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301 | 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. |
| SUSAN HOPKINS 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301 | DIRECTOR 1.00 | 0. |

| | | |
|--|------------------|-----------------|
| JOHN C. HERSHEY III 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. |
| JOE GREGORY 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301 | DIRECTOR 1.00 | 0. |
| TANYA ALSHEIKH 3300 TRUXTUN AVENUE, SUITE 220 BAKERSFIELD, CA 93301 | DIRECTOR 1.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | <u>106,970.</u> |

| | | | |
|--------|----------------|-----------|---|
| CA 199 | OTHER EXPENSES | STATEMENT | 6 |
|--------|----------------|-----------|---|

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|-------------------------------------|-------------------|
| CONTRACT LABOR | 84,614. |
| DUES AND SUBSCRIPTIONS | 57,115. |
| PRINTING AND MARKETING | 27,010. |
| UTILITIES | 6,686. |
| PENSION PLAN CONTRIBUTIONS | 38,942. |
| ACCOUNTING FEES | 18,235. |
| INVESTMENT MANAGEMENT FEES | 492,448. |
| OTHER PROFESSIONAL FEES | 277,296. |
| OFFICE EXPENSES | 23,974. |
| TRAVEL | 179. |
| CONFERENCES AND CONVENTIONS | 23,128. |
| INSURANCE | 10,570. |
| ALL OTHER EXPENSES | 13,165. |
| TOTAL TO FORM 199, PART II, LINE 17 | <u>1,073,362.</u> |

| CA 199 | OTHER INVESTMENTS | STATEMENT | 7 |
|---------------------------------------|-------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| AGENCY ACCOUNT | | 24,014,294. | 28,417,636. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | | 24,014,294. | 28,417,636. |

| CA 199 | OTHER ASSETS | STATEMENT | 8 |
|--|--------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| PREPAID EXPENSES AND DEFERRED CHARGES | | 34,520. | 38,101. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | | 34,520. | 38,101. |

| CA 199 | OTHER LIABILITIES | STATEMENT | 9 |
|--|-------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| FUNDS HELD FOR OTHERS | | 4,860,398. | 7,761,484. |
| ACCRUED PAYROLL LIABILITIES | | 44,332. | 26,734. |
| DEFERRED REVENUE | | 282,000. | 55,834. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | | 5,186,730. | 7,844,052. |

| CA 199 | INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT | 10 |
|---|---|------------|----|
| DESCRIPTION | | AMOUNT | |
| UNREALIZED GAIN | | 1,247,236. | |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | | 1,247,236. | |

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

| | |
|--|---|
| <p>KERN COMMUNITY FOUNDATION Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>3300 TRUXTUN AVENUE, SUITE 220 Address (Number and Street)</p> <p>BAKERSFIELD, CA 93301 City or Town, State, and ZIP Code</p> <p>661-325-5346 Telephone Number</p> <p>DANETTE@KERNFOUNDATION.ORG 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 CT115874</p> <p>Corporation or Organization No. 2234366</p> <p>Federal Employer ID No. 77-0555874</p> |
|--|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 6,488,635 Noncash Contributions \$ 155,980 Total Assets \$ 39,214,030
 Program Expenses \$ 2,473,860 Total Expenses \$ 3,461,622

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.

| | | |
|-------------------------------|----------------------------|-------|
| AARON FALK | PRESIDENT & CEO | |
| Signature of Authorized Agent | Printed Name | Title |
| | | Date |