

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning and ending																													
<b>B</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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>KERN COMMUNITY FOUNDATION</b></td> <td><b>D</b> Employer identification number <b>77-0555874</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2"><b>E</b> Telephone number <b>661-325-5346</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>5701 TRUXTUN AVE SUITE 110</b></td> <td rowspan="2"><b>G</b> Gross receipts \$ <b>14,983,654.</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>BAKERSFIELD, CA 93309</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>AARON FALK</b> <b>5701 TRUXTUN AVE STE 110, BAKERSFIELD, CA 9</b></td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>I</b> 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</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.KERNFOUNDATION.ORG</b></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>1999</b></td> <td><b>M</b> State of legal domicile: <b>CA</b></td> </tr> </table>	<b>C</b> Name of organization <b>KERN COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>77-0555874</b>	Doing business as		<b>E</b> Telephone number <b>661-325-5346</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>5701 TRUXTUN AVE SUITE 110</b>		<b>G</b> Gross receipts \$ <b>14,983,654.</b>	City or town, state or province, country, and ZIP or foreign postal code <b>BAKERSFIELD, CA 93309</b>		<b>F</b> Name and address of principal officer: <b>AARON FALK</b> <b>5701 TRUXTUN AVE STE 110, BAKERSFIELD, CA 9</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> 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		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>J</b> Website: <b>WWW.KERNFOUNDATION.ORG</b>		If "No," attach a list. See instructions	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	<b>L</b> Year of formation: <b>1999</b>		<b>M</b> State of legal domicile: <b>CA</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>KERN COMMUNITY FOUNDATION'S MISSION IS GROWING COMMUNITY AND GROWING PHILANTHROPY.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <span style="float:right"><b>13</b></span>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <span style="float:right"><b>13</b></span>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>5</b> <span style="float:right"><b>39</b></span>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> <span style="float:right"><b>150</b></span>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <span style="float:right"><b>0.</b></span>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <span style="float:right"><b>0.</b></span>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>8</b> <span style="float:right"><b>4,649,756.</b></span> <span style="float:right"><b>Prior Year</b></span> <span style="float:right"><b>9,694,639.</b></span> <span style="float:right"><b>Current Year</b></span>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>9</b> <span style="float:right"><b>497,396.</b></span> <span style="float:right"><b>497,396.</b></span> <span style="float:right"><b>523,246.</b></span>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10</b> <span style="float:right"><b>1,341,483.</b></span> <span style="float:right"><b>1,341,483.</b></span> <span style="float:right"><b>1,088,873.</b></span>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>11</b> <span style="float:right"><b>0.</b></span> <span style="float:right"><b>0.</b></span>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12</b> <span style="float:right"><b>6,488,635.</b></span> <span style="float:right"><b>6,488,635.</b></span> <span style="float:right"><b>11,306,758.</b></span>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>13</b> <span style="float:right"><b>1,978,518.</b></span> <span style="float:right"><b>1,978,518.</b></span> <span style="float:right"><b>2,508,591.</b></span>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>14</b> <span style="float:right"><b>0.</b></span> <span style="float:right"><b>0.</b></span>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>15</b> <span style="float:right"><b>391,622.</b></span> <span style="float:right"><b>391,622.</b></span> <span style="float:right"><b>732,816.</b></span>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>16a</b> <span style="float:right"><b>0.</b></span> <span style="float:right"><b>0.</b></span>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>b</b> <span style="float:right"><b>160,267.</b></span>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>17</b> <span style="float:right"><b>1,091,482.</b></span> <span style="float:right"><b>1,091,482.</b></span> <span style="float:right"><b>1,097,242.</b></span>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>18</b> <span style="float:right"><b>3,461,622.</b></span> <span style="float:right"><b>3,461,622.</b></span> <span style="float:right"><b>4,338,649.</b></span>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>19</b> <span style="float:right"><b>3,027,013.</b></span> <span style="float:right"><b>3,027,013.</b></span> <span style="float:right"><b>6,968,109.</b></span>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>20</b> <span style="float:right"><b>39,214,030.</b></span> <span style="float:right"><b>39,214,030.</b></span> <span style="float:right"><b>38,202,880.</b></span>
	<b>21</b>	Total liabilities (Part X, line 26) <b>21</b> <span style="float:right"><b>8,077,631.</b></span> <span style="float:right"><b>8,077,631.</b></span> <span style="float:right"><b>4,432,934.</b></span>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>22</b> <span style="float:right"><b>31,136,399.</b></span> <span style="float:right"><b>31,136,399.</b></span> <span style="float:right"><b>33,769,946.</b></span>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>AARON FALK, PRESIDENT &amp; CEO</b>				
Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>REANN RICHARDI, CPA</b>				<b>P01803841</b>
Firm's name <b>DANIELLS PHILLIPS VAUGHAN &amp; BOCK</b>			Firm's EIN <b>95-2972229</b>		
Firm's address <b>300 NEW STINE ROAD</b>			Phone no. <b>661-834-7411</b>		
<b>BAKERSFIELD, CA 93309</b>					

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 \$ 3,149,656. including grants of \$ 2,508,591. ) (Revenue \$ 523,246. ) 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 \$2,152,328 IN GRANTS IN 2022. 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 3,149,656.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**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**  
**5701 TRUXTUN AVE STE 110, BAKERSFIELD, CA 93309**

**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, box 6 of 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) AARON FALK PRESIDENT/CEO	40.00	X		X				147,671.	0.	0.
(2) JEFFREY A. GUTIERREZ CHAIR	1.00	X		X				0.	0.	0.
(3) CARLOS SANCHEZ VICE CHAIRER	1.00	X		X				0.	0.	0.
(4) MARTHA TERRAZAS TREASUER	1.00	X		X				0.	0.	0.
(5) KRISTEN A. BEALL WATSON DIRECTOR	1.00	X						0.	0.	0.
(6) SUSAN HOPKINS DIRECTOR	1.00	X						0.	0.	0.
(7) JOHN C. HERSHEY III DIRECTOR	1.00	X						0.	0.	0.
(8) JUSTIN LELAND DIRECTOR	1.00	X						0.	0.	0.
(9) GLENDA GARCIA DIRECTOR	1.00	X						0.	0.	0.
(10) LYDIA CHANEY DIRECTOR	1.00	X						0.	0.	0.
(11) JOE GREGORY DIRECTOR	1.00	X						0.	0.	0.
(12) VINCENT ODDO DIRECTOR	1.00	X						0.	0.	0.
(13) TANYA ALSHEIKH SECRETARY	1.00	X		X				0.	0.	0.





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,694,639.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 1,087.				
	<b>h Total.</b> Add lines 1a-1f .....		9,694,639.				
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES .....	<b>Business Code</b>					
		541610	523,246.	523,246.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		523,246.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		516,994.			516,994.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	4,248,775.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	3,676,896.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	571,879.				
	<b>d</b> Net gain or (loss) .....		571,879.			571,879.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			11,306,758.	523,246.	0.	1,088,873.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,508,591.	2,508,591.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	147,672.	73,836.	55,377.	18,459.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	487,082.	243,541.	182,656.	60,885.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,397.	24,698.	18,524.	6,175.
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	48,665.	24,333.	18,249.	6,083.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	19,086.	9,543.	7,157.	2,386.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	547,926.		547,926.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	63,101.	31,550.	23,663.	7,888.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	9,848.	4,924.	3,693.	1,231.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	61,105.	30,553.	22,914.	7,638.
<b>17</b> Travel	3,328.	1,664.	1,248.	416.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	81,706.	40,853.	30,640.	10,213.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	330.	165.	124.	41.
<b>23</b> Insurance	7,677.	3,838.	2,879.	960.
<b>24</b> 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.)				
<b>a CONTRACT LABOR</b>	136,982.	68,491.	51,368.	17,123.
<b>b PRINTING AND MARKETING</b>	75,802.	37,901.	28,426.	9,475.
<b>c DUES AND SUBSCRIPTIONS</b>	59,801.	29,901.	22,425.	7,475.
<b>d MISCELLANEOUS</b>	8,380.	4,188.	3,144.	1,048.
<b>e All other expenses</b>	22,170.	11,086.	8,313.	2,771.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	4,338,649.	3,149,656.	1,028,726.	160,267.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	10,607,446.	<b>2</b>	10,214,940.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	148,473.	<b>4</b>	160,205.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	38,101.	<b>9</b>	44,622.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,148.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 30,156.	<b>10c</b>	6,992.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	28,417,636.	<b>12</b>	27,776,121.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	39,214,030.	<b>16</b>	38,202,880.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	50,232.	<b>17</b>	70,083.
	<b>18</b> Grants payable .....	183,347.	<b>18</b>	264,276.
	<b>19</b> Deferred revenue .....	55,834.	<b>19</b>	103,333.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	7,788,218.	<b>25</b>	3,995,242.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,077,631.	<b>26</b>	4,432,934.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	30,186,399.	<b>27</b>	32,819,946.
	<b>28</b> Net assets with donor restrictions .....	950,000.	<b>28</b>	950,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	31,136,399.	<b>32</b>	33,769,946.
<b>33</b> Total liabilities and net assets/fund balances .....	39,214,030.	<b>33</b>	38,202,880.	

**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	11,306,758.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,338,649.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,968,109.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,136,399.
5	Net unrealized gains (losses) on investments	5	-4,334,562.
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	33,769,946.

**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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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 (2022)



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,183,080.	6,392,286.	4,795,703.	4,649,756.	9,694,639.	28,715,464.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,183,080.	6,392,286.	4,795,703.	4,649,756.	9,694,639.	28,715,464.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						28,715,464.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	3,183,080.	6,392,286.	4,795,703.	4,649,756.	9,694,639.	28,715,464.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	382,205.	483,663.	395,291.	386,127.	516,994.	2,164,280.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						30,879,744.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	693,140.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	92.99 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	91.73 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** 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 on line 12 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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).

Name of organization  <b>KERN COMMUNITY FOUNDATION</b>	Employer identification number  <b>77-0555874</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2022

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year (62), aggregate values for contributions, grants, and end of year, and yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure); 2. Conservation contribution details (table with 2 columns: Description, Held at the End of the Tax Year); 3-8. Monitoring and enforcement questions (checkboxes for yes/no).

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 with sections 1a, 1b, 2a, 2b detailing reporting requirements for art and historical treasures, including revenue and asset values.

**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	1,651,461.	1,432,297.	1,290,136.	1,087,588.	1,204,670.
b Contributions					
c Net investment earnings, gains, and losses	5,449,446.	277,785.	197,633.	275,760.	-21,330.
d Grants or scholarships	15,000.	25,000.	27,500.	46,750.	70,000.
e Other expenditures for facilities and programs					
f Administrative expenses	39,704.	33,622.	27,971.	26,463.	25,751.
g End of year balance	7,046,203.	1,651,461.	1,432,297.	1,290,136.	1,087,588.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 86.5200 %
  - b Permanent endowment 13.4800 %
  - 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		37,148.	30,156.	6,992.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,992.



**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	27,776,121.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	27,776,121.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	3,927,118.
(3) ACCRUED PAYROLL LIABILITIES	68,124.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,995,242.

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.

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

**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.

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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
746 SPORTS FOUNDATION 700 E TULARE AVE SHAFTER, CA 93263-2238	83-2392732	501(C)(3)	10,000.	0.			CHARITABLE
AGRICULTURAL FOUNDATION OF CALIFORNIA STATE UNIVERSITY FRESNO - 2771 E SHAW AVE - FRESNO, CA 93710-8205	94-6000669	501(C)(3)	325,600.	0.			CHARITABLE
ALPHA TAU OMEGA FOUNDATION 333 N. ALABAMA STREET SUITE 220 INDIANAPOLIS, IN 46204	23-7154214	501(C)(3)	7,000.	0.			CHARITABLE
AMERICAN HEART ASSOCIATION, INC. 2007 O STREET SACRAMENTO, CA 95811	13-5613797	501(C)(3)	6,000.	0.			CHARITABLE
AMERICA'S CHARITIES 14200 PARK MEADOW DR., STE 330S CHANTILLY, VA 20151	54-1517707	501(C)(3)	27,400.	0.			CHARITABLE
ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY BAKERSFIELD INC - 9001 STOCKDALE HWY # SU43 - BAKERSFIELD, CA 93311-1022	77-0293800	501(C)(3)	15,000.	0.			CHARITABLE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 88.

**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) 2022

**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 ANGELS 8200 STOCKDALE HWY STE. M10-261 BAKERSFIELD, CA 93311	27-2087142	501(C)(3)	61,100.	0.			CHARITABLE
BAKERSFIELD HIGH SCHOOL PARENT TEACHER STUDENT ORGANIZATION - PO BOX 866 - BAKERSFIELD, CA 93302	82-2183657	501(C)(3)	7,061.	0.			CHARITABLE
BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION - PO BOX 2401 - BAKERSFIELD, CA 93303	95-3555043	501(C)(3)	126,000.	0.			CHARITABLE
BAKERSFIELD MUSEUM OF ART 1930 R STREET BAKERSFIELD, CA 93301	77-0125694	501(C)(3)	11,246.	0.			CHARITABLE
BAKERSFIELD SOUTHWEST BASEBALL, INC. - PO BOX 21374 - BAKERSFIELD, CA 93390	77-0024504	501(C)(3)	250,000.	0.			CHARITABLE
BAKERSFIELD SYMPHONY ORCHESTRA INC. - PO BOX 751 - BAKERSFIELD, CA 93302	95-6001765	501(C)(3)	49,190.	0.			CHARITABLE
BE FINALLY FREE PO BOX 11851 BAKERSFIELD, CA 93389	27-2564485	501(C)(3)	20,000.	0.			CHARITABLE
BETHESDA TEACHING MINISTRY PO BOX 20028 EL CAJON, CA 92021-0900	95-3248137	501(C)(3)	50,000.	0.			CHARITABLE
BILLY GRAHAM EVANGELISTIC ASSOCIATION - 1 BILLY GRAHAM PKWY - CHARLOTTE, NC 28201-0001	45-2588350	501(C)(3)	10,000.	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
BOYS AND GIRLS CLUB OF VENTURA, INC. - 1280 S. VICTORIA AVE., SUITE 240 - VENTURA, CA 93003	95-2248919	501(C)(3)	25,000.	0.			CHARITABLE
BOY SCOUTS OF AMERICA SOUTHERN SIERRA COUNCIL - 2417 M STREET - BAKERSFIELD, CA 93301	95-1642363	501(C)(3)	6,853.	0.			CHARITABLE
BOYS & GIRLS CLUBS OF KERN COUNTY 801 NILES STREET, BIN 5J BAKERSFIELD, CA 93385	95-2462246	501(C)(3)	17,736.	0.			CHARITABLE
CITIZENS PRESERVING HISTORY PO BOX 36 CALIENTE, CA 93518	46-1074331	501(C)(3)	25,000.	0.			CHARITABLE
CITY CHARITABLE PURPOSE FOUNDATION 336 PACIFIC AVE SHAFTER, CA 93263-2047	54-2135025	501(C)(3)	10,000.	0.			CHARITABLE
CITY OF SHAFTER 336 PACIFIC AVENUE SHAFTER, CA 93263	95-6000795	501(C)(3)	10,000.	0.			CHARITABLE
CITY OF SHAFTER - SHAFTER LIBRARY & LEARNING CENTER - 336 PACIFIC AVENUE - SHAFTER, CA 93263	95-6000795	501(C)(3)	23,600.	0.			CHARITABLE
CITYSERVE NETWORK 3201 F STREET BAKERSFIELD, CA 93301	82-4490879	501(C)(3)	29,000.	0.			CHARITABLE
COMMUNITY HEALTH SYSTEM 1530 E. SHAW AVENUE, SUITE 106 FRESNO, CA 93710	77-0191730	501(C)(3)	20,000.	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
CSUB FOUNDATION 9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311	95-2643086	501(C)(3)	101,500.	0.			CHARITABLE
DELANO JOINT UNION HIGH SCHOOL DISTRICT - 1747 PRINCETON ST - DELANO, CA 93215-1501	95-6000991	501(C)(3)	6,500.	0.			CHARITABLE
DOLORES C HUERTA FOUNDATION PO BOX 2087 BAKERSFIELD, CA 93303	91-2145992	501(C)(3)	26,400.	0.			CHARITABLE
FRIENDS OF MERCY FOUNDATION PO BOX 119 BAKERSFIELD, CA 93302	77-0201321	501(C)(3)	35,353.	0.			CHARITABLE
GARDEN PATHWAYS, INC. 1616 29TH STREET BAKERSFIELD, CA 93301	77-0442212	501(C)(3)	16,000.	0.			CHARITABLE
GRIMM FAMILY EDUCATION FOUNDATION 11001 RIVER RUN BLVD SUITE 101 BAKERSFIELD, CA 93311	27-3194151	501(C)(3)	98,000.	0.			CHARITABLE
HENRIETTA WEILL MEMORIAL CHILD GUIDANCE CLINIC - 3628 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93309	95-1643391	501(C)(3)	22,747.	0.			CHARITABLE
HOFFMANN HOSPICE 4325 BUENA VISTA ROAD BUILDING A BAKERSFIELD, CA 93311	77-0386207	501(C)(3)	9,000.	0.			CHARITABLE
INDEPENDENCE THROUGH GRACE PO BOX 81721 BAKERSFIELD, CA 93380	45-5228488	501(C)(3)	6,100.	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
JIM BURKE EDUCATION FOUNDATION P.O. BOX 316 BAKERSFIELD, CA 93302	77-0387337	501(C)(3)	10,000.	0.			CHARITABLE
KEEPERS TRANSFORMATION HOUSE WOMEN'S DISCIPLESHIP PROGRAM - 125 N. CHESTER AVE - BAKERSFIELD, CA 93308	38-3943833	501(C)(3)	26,500.	0.			CHARITABLE
KERN COUNTY CANCER FOUNDATION 6501 TRUXTUN AVE BAKERSFIELD, CA 93309	85-3730553	501(C)(3)	15,000.	0.			CHARITABLE
KERN COUNTY MUSEUM FOUNDATION 3801 CHESTER AVE BAKERSFIELD, CA 93301	77-0272697	501(C)(3)	30,203.	0.			CHARITABLE
KERN COUNTY SCIENCE FOUNDATION 1300 17TH ST., 5TH FLOOR BAKERSFIELD, CA 93301-4504	77-0186030	501(C)(3)	15,000.	0.			CHARITABLE
KERN HIGH SCHOOL DISTRICT EDUCATIONAL FOUNDATION - 5801 SUNDALE AVENUE - BAKERSFIELD, CA 93309	77-0235452	501(C)(3)	7,000.	0.			CHARITABLE
KERN LITERACY COUNCIL 331 18TH STREET BAKERSFIELD, CA 93301-4928	23-7312722	501(C)(3)	10,000.	0.			CHARITABLE
KERN PARTNERSHIP FOR CHILDREN AND FAMILIES - 100 E. CALIFORNIA AVENUE - BAKERSFIELD, CA 93307	20-5536572	501(C)(3)	10,653.	0.			CHARITABLE
KERN RIVER CONSERVANCY PO BOX 1042 KERNVILLE, CA 93238	46-4277172	501(C)(3)	29,000.	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
MILLIKEN MUSEUM SOCIETY P. O. BOX 2294 LOS BANOS, CA 93635	77-0530887	501(C)(3)	10,000.	0.			CHARITABLE
MISSIONS DOOR 750 W HAMPDEN AVE. STE 518 ENGLEWOOD, CO 80110-2198	36-2225484	501(C)(3)	6,000.	0.			CHARITABLE
NORTH KERN CHRISTIAN SCHOOL 710 PETERS STREET WASCO, CA 93280	95-3159575	501(C)(3)	10,604.	0.			CHARITABLE
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA - 420 34TH STREET - BAKERSFIELD, CA 93301	95-3167869	501(C)(3)	5,400.	0.			CHARITABLE
SAINT ELIZABETH ANN SETON CATHOLIC CHURCH - 12300 REINA ROAD - BAKERSFIELD, CA 93312	94-1294942	501(C)(3)	10,250.	0.			CHARITABLE
SAINT FRANCIS PARISH 900 H STREET BAKERSFIELD, CA 93304	94-1294942	501(C)(3)	13,200.	0.			CHARITABLE
SALVATION ARMY 4417 WILSON ROAD BAKERSFIELD, CA 93309	13-2923701	501(C)(3)	10,653.	0.			CHARITABLE
SHAFTER HISTORICAL SOCIETY PO BOX 1088 SHAFTER, CA 93263-1088	95-3445097	501(C)(3)	25,000.	0.			CHARITABLE
SHIELDING THE FRONTLINE KERN COUNTY - 3121 STANDARD STREET - BAKERSFIELD, CA 93308	92-1349962	501(C)(3)	100,000.	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
STEMTAUGHT FOUNDATION 450 RUGGER ST BAKERSFIELD, CA 93314	83-1569544	501(C)(3)	25,000.	0.			CHARITABLE
ST. FRANCIS PARISH SCHOOL 2516 PALM BAKERSFIELD, CA 93301	77-0100496	501(C)(3)	12,132.	0.			CHARITABLE
ST. PHILIP THE APOSTLE CHURCH 7100 STOCKDALE HIGHWAY BAKERSFIELD, CA 93309	94-1294942	501(C)(3)	7,465.	0.			CHARITABLE
THE MISSION AT KERN COUNTY PO BOX 2222 BAKERSFIELD, CA 93303-2222	95-1890705	501(C)(3)	7,740.	0.			CHARITABLE
THE UNITED STATES CONFERENCE OF THE MENNONITE BROTHERS CHURCHES - PO BOX 20200 - WICHITA, KS 67208	48-0699199	501(C)(3)	7,500.	0.			CHARITABLE
UNIFIED IN MISSION 10507 HIGH GOAL PLACE BAKERSFIELD, CA 93312	47-3743158	501(C)(3)	22,500.	0.			CHARITABLE
UNITED WAY FRESNO AND MADERA COUNTIES - 4949 E. KINGS CANYON ROAD - FRESNO, CA 93727	94-1156514	501(C)(3)	6,000.	0.			CHARITABLE
UNITED WAY OF KERN COUNTY 1707 EYE STREET, SUITE 300 BAKERSFIELD, CA 93301	95-2274560	501(C)(3)	10,000.	0.			CHARITABLE
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE, SUITE 100 VENTURA, CA 93003	95-1945833	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
UNIVERSITY OF SOUTHERN CALIFORNIA KECK SCHOOL OF MEDICINE/1975 ZONAL AVENUE, KAM B16 - LOS ANGELES, CA 90089-9	95-1642394	501(C)(3)	100,000.	0.			CHARITABLE
VALLEY BAPTIST CHURCH 4800 FRUITVALE AVENUE BAKERSFIELD, CA 93308	77-0105090	501(C)(3)	8,000.	0.			CHARITABLE
VALLEY PBS 1544 VAN NESS AVENUE FRESNO, CA 93721	77-0162617	501(C)(3)	25,000.	0.			CHARITABLE
VENTURA EDUCATION PARTNERSHIP 255 WEST STANLEY AVENUE VENTURA, CA 93001	77-0141325	501(C)(3)	10,000.	0.			CHARITABLE
V V FAMILY FOUNDATION 16500 BRIMHALL RD BAKERSFIELD, CA 93314-9212	47-2830482	501(C)(3)	6,000.	0.			CHARITABLE
WHITE WOLF WELLNESS FOUNDATION 115 PASATIEMPO DRIVE BAKERSFIELD, CA 93305	83-1516230	501(C)(3)	18,000.	0.			CHARITABLE
YOUTH 2 LEADERS EDUCATION FOUNDATION - PO BOX 9051 - BAKERSFIELD, CA 93389	77-0398516	501(C)(3)	6,699.	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 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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](http://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](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KERN REAL ESTATE FOUNDATION - 46-2637218 5701 TRUXTUN AVE. STE 100 BAKERSFIELD, CA 93309	TO BENEFIT AND SUPPORT THE KERN COMMUNITY FOUNDATION	CALIFORNIA	501(C)(3)	LINE 12A, I			X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

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





**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

# 2022 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2022

<b>Prepared for</b>	Kern Community Foundation 5701 Truxtun Ave Suite 110 Bakersfield, CA 93309
<b>Prepared by</b>	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
<b>To be signed and dated by</b>	Not Applicable
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
<b>Return must be mailed on or before</b>	Not Applicable
<b>Special Instructions</b>	

# California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

**KERN COMMUNITY FOUNDATION**

2234366

Additional information. See instructions.

FEIN  
77-0555874

Street address (suite or room)

5701 TRUXTUN AVE SUITE 110

PMB no.

City

BAKERSFIELD

State

CA

ZIP code

93309

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	5,289,015	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	9,694,639	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	14,983,654	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	3,676,896	00
	7	Total costs. Add line 5 and line 6	7	3,676,896	00
	8	Total gross income. Subtract line 7 from line 4	8	11,306,758	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,982,386	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	7,324,372	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	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

Sign Here Signature of officer **PRESIDENT & CE** Title Date Telephone

Paid Preparer's Use Only Preparer's signature Date Check if self-employed  PTIN **P01803841**

Firm's name (or yours, if self-employed) and address **DANIELLS PHILLIPS VAUGHAN & BOCK** Firm's FEIN **95-2972229**  
**300 NEW STINE ROAD** Telephone **661-834-7411**  
**BAKERSFIELD, CA 93309**

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.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	280,146	00	
	3	Dividends	•	3	236,848	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	•	6	4,248,775	00	
	7	Other income SEE STATEMENT 3	•	7	523,246	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	5,289,015	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	•	9	2,152,328	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	147,672	00	
	12	Other salaries and wages	•	12	487,082	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	48,665	00
		15	Rents	•	15	61,105	00
		16	Depreciation and depletion (See instructions)	•	16	330	00
		17	Other expenses and disbursements SEE STATEMENT 6	•	17	1,085,204	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,982,386	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		10,607,446		• 10,214,940
2	Net accounts receivable		148,473		• 160,205
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		28,417,636		• 27,776,121
10 a	Depreciable assets	32,199		37,148	
b	Less accumulated depreciation	( 29,825 )	2,374	( 30,156 )	6,992
11	Land				•
12	Other assets STMT 8		38,101		• 44,622
13	<b>Total assets</b>		39,214,030		38,202,880
<b>Liabilities and net worth</b>					
14	Accounts payable		50,232		• 70,083
15	Contributions, gifts, or grants payable		183,347		• 264,276
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities STMT 9		7,844,052		4,098,575
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		31,136,399		• 33,769,946
22	<b>Total liabilities and net worth</b>		39,214,030		38,202,880

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	• 2,989,808	7	Income recorded on books this year not included in this return. Attach schedule	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year. Attach schedule	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule	•	10	Net income per return. Subtract line 9 from line 6	7,324,372
5	Expenses recorded on books this year not deducted in this return. Attach schedule *	• 4,334,564			
6	Total. Add line 1 through line 5	7,324,372			

\* SEE STATEMENT

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

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ELYNOR FALK MARITAL TRUST	PO BOX 21483 BAKERSFIELD, CA 93390	08/02/22	5,500,000.
JIM BURKE FORD LINCOLN JAGUAR CERTIFIED AUTO RENTAL & LEASING	2001 OAK STREET BAKERSFIELD, CA 93301	12/27/22	1,001,300.
AERA ENERGY LLC	PO BOX 11164 BAKERSFIELD, CA 93389	12/30/22	768,000.
BAKERSFIELD CHRISTIAN HIGH SCHOOL	12775 STOCKDALE HWY BAKERSFIELD, CA 93314	06/21/22	635,400.
THE JOHN E BOYDSTUN REV TRUST	326 CHESTER AVENUE BAKERSFIELD, CA 93301	08/04/22	255,212.
WRIGHT, MS. CASSIE	PO BOX 22350 BAKERSFIELD, CA 93390	11/03/22	250,000.
KERN COUNTY ADMINISTRATIVE OFFICE	1115 TRUXTUN AVENUE BAKERSFIELD, CA 93301	05/11/22	125,000.
BAKERSFIELD ROTARY - WATERMAN FOUNDATION	PO BOX 1628 BAKERSFIELD, CA 93302	06/14/22	76,163.
ZOMA FOUNDATION	PO BOX 1860 BENTONVILLE, AR 72712	06/14/22	62,500.
BLUE SHIELD OF CALIFORNIA	601 12TH STREET, 21ST FLOOR OAKLAND, CA 94607	06/14/22	55,000.
DUANE A. KEATHELY INC.	2200 NANTES WAY BAKERSFIELD, CA 93311	03/07/22	55,000.
CALIFORNIA RESOURCES CORPORATION LLC	1 WORLD TRADE CENTER, STE 1500 LONG BEACH, CA 90831	09/30/22	50,000.
CENTRAL VALLEY COMMUNITY FOUNDATION	1260 FULTON STREET, STE 200 FRESNO, CA 93721	09/30/22	50,000.
CRC SERVICES, LLC	900 OLD RIVER RD BAKERSFIELD, CA 93311	09/30/22	50,000.
KERN VALLEY HOSPITAL FOUNDATION	PO BOX 1628 LAKE ISABELLA, CA 93240	05/31/22	50,000.

## KERN COMMUNITY FOUNDATION

77-0555874

NICKEL FAMILY, LLC	PO BOX 60679 BAKERSFIELD, CA 93386	12/09/22	50,000.
URNER'S	PO BOX 41240 BAKERSFIELD, CA 93384	12/21/22	47,277.
WATER ASSOCIATES INVESTMENTS, LLC	34929 FLYOVER CT BAKERSFIELD, CA 93308	09/06/22	35,000.
DEZEMBER, MRS. JOAN	7404 CALLE PRIVADA BAKERSFIELD, CA 93309	04/28/22	30,000.
DEWALT CORPORATION	1930 22ND STREET BAKERSFIELD, CA 93301	04/28/22	28,700.
GUTIERREZ, JEFFREY	5619 REXROTH AVENUE BAKERSFIELD, CA 93306	05/18/22	25,310.
ADVENTIST HEALTH	2615 CHESTER AVE. BAKERSFIELD, CA 93301	08/19/22	25,000.
BOLTHOUSE PROPERTIES, LLC	11601 BOLTHOUSE DRIVE, SUITE 200 BAKERSFIELD, CA 93311	04/25/22	25,000.
CLAYTON, MR. MORGAN	5020 LISA MARIE COURT BAKERSFIELD, CA 93313	12/14/22	25,000.
DIGNITY HEALTH	3033 N THIRD AVENUE PHOENIX, AZ 85013	08/24/22	25,000.
KERN OIL & REFINING CO.	7724 E. PANAMA LANE BAKERSFIELD, CA 93307	12/22/22	25,000.
MR. AND MRS. KENT HALLEY	1116 ZENAIDA WAY BAKERSFIELD, CA 93311	05/09/22	25,000.
TEJON RANCH COMPANY	PO BOX 1000 TEJON RANCH, CA 93243	06/03/22	25,000.
VALLEY FAMILY CLINIC	5917-2 NILES ST BAKERSFIELD, CA 93306	12/29/22	25,000.
ANTONGIOVANNI 2020 IRRV TRUST	5100 CALIFORNIA AVE, STE 230 BAKERSFIELD, CA 93309	02/22/22	20,000.
JUDGE AND MRS. DAVID LAMPE	3101 CLAPPINGTON ROAD BAKERSFIELD, CA 93311	12/12/22	20,000.
PATRICIA CRAIL BROWN FOUNDATION	1600 HUNTINGTON DRIVE SOUTH PASADENA, CA 91030	12/27/22	20,000.
SEEDCORE FOUNDATION	5001 CALIFORNIA AVE. SUITE 124 BAKERSFIELD, CA 93309	11/09/22	16,875.

## KERN COMMUNITY FOUNDATION

77-0555874

KERN COUNTY SUPERINTENDENT OF SCHOOLS EDUCATIONAL SERVICES	1300 17TH STREET - CITY CENTRE BAKERSFIELD, CA 93301	11/09/22	15,500.
YOUNG, MR. MICHAEL C.	7600 AVENIDA VALEDOR BAKERSFIELD, CA 93309	11/09/22	15,464.
GREGORY D. AND MARY M. BYNUM	5601 TRUXTUN AVENUE, STE 190 BAKERSFIELD, CA 93309	12/27/22	13,900.
ROYAL ALLIANCE ASSOC, INC	10 EXCHANGE PLACE, STE 1410 JERSEY CITY, NJ 07302	03/22/22	12,913.
BIGLER, ANN GORDON	1000 FAIRWAY DRIVE BAKERSFIELD, CA 93309	03/22/22	10,666.
BOYDSTUN LEMON HILL LLC	326 CHESTER AVENUE BAKERSFIELD, CA 93301	12/08/22	10,409.
BAKERSFIELD PREGNANCY CENTER	PO BOX 1430 BAKERSFIELD, CA 93302	12/08/22	10,400.
DR. AND MRS. NDEE ODELUGA	11101 MYERS RANCH COURT BAKERSFIELD, CA 93311	12/08/22	10,000.
EUGENE AND LINDA VOILAND LIVING TRUST	11108 TORBAY DRIVE BAKERSFIELD, CA 93311	12/30/22	10,000.
AMICUS FOUNDATION	PO BOX 286 CAMERON, MT 59720	10/17/22	9,375.
WALMART	702 S. W 8TH STREET BENTONVILLE, AR 72716	03/08/22	7,750.
C.A.H.P. CREDIT UNION	PO BOX 276507 SACRAMENTO, CA 95827	09/09/22	7,610.
FIDELITY CHARITABLE	PO BOX 770001 CINCINNATI, OH 45277	08/01/22	7,500.
BONNER, MR. ROBERT W.	1311 SE BLUEBIRD DRIVE GRANTS PASS, OR 97526	12/27/22	7,000.
KLEIN DENATALE GOLDNER COOPER ROSENLIEB AND KIMBALL	10000 STOCKDALE HIGHWAY, STE 200 BAKERSFIELD, CA 93311	03/28/22	6,910.
AMERIPRISE FINANCIAL	11001 RIVER RUN BLVD., SUITE 100 BAKERSFIELD, CA 93311	12/27/22	5,500.
THE SANJIV GEETANJALI SHARMA FAMILY	10806 RAMSGATE WAY BAKERSFIELD, CA 93311	09/22/22	5,500.
DRS. TUNG TRANG AND INGRID WANG	8805 MONTMEDY CT BAKERSFIELD, CA 93311	12/18/22	5,155.

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 9,648,289.



KERN COMMUNITY FOUNDATION

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77-0555874

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TOTAL INCLUDED ON LINE 3

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CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	4
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## ACTIVITY CLASSIFICATION: CHARITABLE

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
746 SPORTS FOUNDATION	700 E TULARE AVE - SHAFTER, CA 93263-2238	NONE	10,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
911 AT EASE INTERNATIONAL, INC	PO BOX 30363 - SANTA BARBARA, CA 93130	NONE	5,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AGRICULTURAL FOUNDATION OF CALIFORNIA ST	2771 E SHAW AVE - FRESNO, CA 93710-8205	NONE	325,600.

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

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AMERICAN HEART ASSOCIATION, INC.	2007 O STREET - SACRAMENTO, CA 95811	NONE	6,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AMERICA'S CHARITIES	14200 PARK MEADOW DR., STE 330S - CHANTILLY, VA 20151	NONE	27,400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASSOCIATED STUDENTS CALIFORNIA STATE UNI	9001 STOCKDALE HWY # SU43 - BAKERSFIELD, CA 93311-1022	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BAKERSFIELD ANGELS	8200 STOCKDALE HWY STE. M10-261 - BAKERSFIELD, CA 93311	NONE	61,100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BAKERSFIELD COLLEGE FOUNDATION	1801 PANORAMA DRIVE - BAKERSFIELD, CA 93305	NONE	16,443.

<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	7,061.

<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	126,000.

<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	11,246.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BAKERSFIELD MUSIC THEATRE	1931 CHESTER AVENUE - BAKERSFIELD, CA 93301	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BAKERSFIELD SOUTHWEST BASEBALL, INC.	PO BOX 21374 - BAKERSFIELD, CA 93390	NONE	250,000.

<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	49,190.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BE FINALLY FREE	PO BOX 11851 - BAKERSFIELD, CA 93389	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BETHESDA TEACHING MINISTRY	PO BOX 20028 - EL CAJON, CA 92021-0900	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BILLY GRAHAM EVANGELISTIC ASSOCIATION	1 BILLY GRAHAM PKWY - CHARLOTTE, NC 28201-0001	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS AND GIRLS CLUB OF VENTURA, INC.	1280 S. VICTORIA AVE., SUITE 240 - VENTURA, CA 93003	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOY SCOUTS OF AMERICA SOUTHERN SIERRA CO	2417 M STREET - BAKERSFIELD, CA 93301	NONE	6,853.

<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	17,736.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITIZENS PRESERVING HISTORY	PO BOX 36 - CALIENTE, CA 93518	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITY CHARITABLE PURPOSE FOUNDATION	336 PACIFIC AVE - SHAFTER, CA 93263-2047	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITY OF SHAFTER	336 PACIFIC AVENUE - SHAFTER, CA 93263	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITY OF SHAFTER - SHAFTER LIBRARY & LEAR	336 PACIFIC AVENUE - SHAFTER, CA 93263	NONE	23,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITYSERVE NETWORK	3201 F STREET - BAKERSFIELD, CA 93301	NONE	29,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY HEALTH SYSTEM	1530 E. SHAW AVENUE, SUITE 106 - FRESNO, CA 93710	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CSUB FOUNDATION	9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	NONE	101,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DELANO JOINT UNION HIGH SCHOOL DISTRICT	1747 PRINCETON ST - DELANO, CA 93215-1501	NONE	6,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DOLORES C HUERTA FOUNDATION	PO BOX 2087 - BAKERSFIELD, CA 93303	NONE	26,400.

<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	35,353.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GARDEN PATHWAYS, INC.	1616 29TH STREET - BAKERSFIELD, CA 93301	NONE	16,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRIMM FAMILY EDUCATION FOUNDATION	11001 RIVER RUN BLVD SUITE 101 - BAKERSFIELD, CA 93311	NONE	98,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HEALTH THROUGH WHOLENESS, INC	3400 CALLOWAY DR., BUILDING 600 - BAKERSFIELD, CA 93312	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HENRIETTA WEILL MEMORIAL CHILD GUIDANCE	3628 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93309	NONE	22,747.

<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	9,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDEPENDENCE THROUGH GRACE	PO BOX 81721 - BAKERSFIELD, CA 93380	NONE	6,100.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JIM BURKE EDUCATION FOUNDATION	P.O. BOX 316 - BAKERSFIELD, CA 93302	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KEEPERS TRANSFORMATION HOUSE WOMEN'S DIS	125 N. CHESTER AVE - BAKERSFIELD, CA 93308	NONE	26,500.

<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	15,000.

<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	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	30,203.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KERN COUNTY SCIENCE FOUNDATION	1300 17TH ST., 5TH FLOOR - BAKERSFIELD, CA 93301-4504	NONE	15,000.

<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	7,000.

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

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KERN PARTNERSHIP FOR CHILDREN AND FAMILI	100 E. CALIFORNIA AVENUE - BAKERSFIELD, CA 93307	NONE	10,653.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KERN RIVER CONSERVANCY	PO BOX 1042 - KERNVILLE, CA 93238	NONE	29,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MILLIKEN MUSEUM SOCIETY	P. O. BOX 2294 - LOS BANOS, CA 93635	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSIONS DOOR	750 W HAMPDEN AVE. STE 518 - ENGLEWOOD, CO 80110-2198	NONE	6,000.

<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	10,604.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OUR LADY OF MT. CARMEL CATHOLIC CHURCH	1300 EAST VALLEY ROAD - SANTA BARBARA, CA 93108	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PACIFIC SECTION OF THE AMERICAN ASS. OF	PO BOX 1072 - BAKERSFIELD, CA 93302-1072	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RELAPSING POLYCHONDritis FOUNDATION	1202 LEXINGTON AVENUE, BOX 112 - NEW YORK, NY 10028	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RIVERSTONE WELLNESS	P.O. BOX 363 - WOFFORD HEIGHTS, CA 93238	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	5,400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAINT ELIZABETH ANN SETON CATHOLIC CHURC	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 PARISH	900 H STREET - BAKERSFIELD, CA 93304	NONE	13,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SALVATION ARMY	4417 WILSON ROAD - BAKERSFIELD, CA 93309	NONE	10,653.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHAFTER HISTORICAL SOCIETY	PO BOX 1088 - SHAFTER, CA 93263-1088	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SHIELDING THE FRONTLINE KERN COUNTY	3121 STANDARD STREET - BAKERSFIELD, CA 93308	NONE	100,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STEMTAUGHT FOUNDATION	450 RUGGER ST - BAKERSFIELD, CA 93314	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. FRANCIS PARISH SCHOOL	2516 PALM - BAKERSFIELD, CA 93301	NONE	12,132.

<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	7,465.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE MISSION AT KERN COUNTY	PO BOX 2222 - BAKERSFIELD, CA 93303-2222	NONE	7,740.

<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>
UNIFIED IN MISSION	10507 HIGH GOAL PLACE - BAKERSFIELD, CA 93312	NONE	22,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED WAY FRESNO AND MADERA COUNTIES	4949 E. KINGS CANYON ROAD - FRESNO, CA 93727	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED WAY OF KERN COUNTY	1707 EYE STREET, SUITE 300 - BAKERSFIELD, CA 93301	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED WAY OF VENTURA COUNTY INC	702 COUNTY SQUARE DRIVE, SUITE 100 - VENTURA, CA 93003	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTHERN CALIFORNIA	KECK SCHOOL OF MEDICINE/1975 ZONAL AVENUE, KAM B16 - LOS ANGELES, CA 90089-9	NONE	100,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VALLEY BAPTIST CHURCH	4800 FRUITVALE AVENUE - BAKERSFIELD, CA 93308	NONE	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VALLEY PBS	1544 VAN NESS AVENUE - FRESNO, CA 93721	NONE	25,000.

<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	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
V V FAMILY FOUNDATION	16500 BRIMHALL RD - BAKERSFIELD, CA 93314-9212	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WHITE WOLF WELLNESS FOUNDATION	115 PASATIEMPO DRIVE - BAKERSFIELD, CA 93305	NONE	18,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WILLIE J FRINK COLLEGE PREP	P.O. BOX 13153 - BAKERSFIELD, CA 93389	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YOUTH 2 LEADERS EDUCATION FOUNDATION	PO BOX 9051 - BAKERSFIELD, CA 93389	NONE	6,699.

TOTAL FOR THIS ACTIVITY 2,152,328.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 2,152,328.

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>
AARON FALK 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	PRESIDENT/CEO 40.00	147,672.
JEFFREY A. GUTIERREZ 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	CHAIR 1.00	0.
CARLOS SANCHEZ 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	VICE CHAIRER 1.00	0.
MARTHA TERRAZAS 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	TREASUER 1.00	0.
KRISTEN A. BEALL WATSON 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	DIRECTOR 1.00	0.
SUSAN HOPKINS 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	DIRECTOR 1.00	0.
JOHN C. HERSHEY III 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	DIRECTOR 1.00	0.

JUSTIN LELAND 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	DIRECTOR 1.00	0.
GLENDIA GARCIA 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	DIRECTOR 1.00	0.
LYDIA CHANEY 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	DIRECTOR 1.00	0.
JOE GREGORY 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	DIRECTOR 1.00	0.
VINCENT ODDO 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	DIRECTOR 1.00	0.
TANYA ALSHEIKH 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	SECRETARY 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>147,672.</u>

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CA 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
CONTRACT LABOR	136,982.
PRINTING AND MARKETING	75,802.
DUES AND SUBSCRIPTIONS	59,801.
MISCELLANEOUS	8,380.
PENSION PLAN CONTRIBUTIONS	49,397.
ACCOUNTING FEES	19,086.
INVESTMENT MANAGEMENT FEES	547,926.
OTHER PROFESSIONAL FEES	63,101.
OFFICE EXPENSES	9,848.
TRAVEL	3,328.
CONFERENCES AND CONVENTIONS	81,706.
INSURANCE	7,677.
ALL OTHER EXPENSES	22,170.
TOTAL TO FORM 199, PART II, LINE 17	<u>1,085,204.</u>

CA 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
AGENCY ACCOUNT	28,417,636.	27,776,121.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	28,417,636.	27,776,121.	

CA 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	38,101.	44,622.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	38,101.	44,622.	

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
FUNDS HELD FOR OTHERS	7,761,484.	3,927,118.	
ACCRUED PAYROLL LIABILITIES	26,734.	68,124.	
DEFERRED REVENUE	55,834.	103,333.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	7,844,052.	4,098,575.	

CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	10
DESCRIPTION		AMOUNT	
UNREALIZED LOSS		4,334,564.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		4,334,564.	



TAXABLE YEAR  
**2022**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>KERN COMMUNITY FOUNDATION</b>	<b>77-0555874</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>14,983,654</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>11,306,758</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>3,982,386</b>

**Part II Settle Your Account Electronically for Taxable Year 2022**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

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

**Part IV Declaration of Officer**

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>			
	Signature of officer	Date	<b>PRESIDENT &amp; CEO</b>

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01803841</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>DANIELLS PHILLIPS VAUGHAN &amp; BOCK</b> <b>300 NEW STINE ROAD</b> <b>BAKERSFIELD, CA</b>			Firm's FEIN <b>95-2972229</b> ZIP code <b>93309</b>

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

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

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2022

<b>Prepared for</b>	Kern Community Foundation 5701 Truxtun Ave Suite 110 Bakersfield, CA 93309
<b>Prepared by</b>	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
<b>Amount due or refund</b>	Balance due of \$400.00
<b>Make check payable to</b>	Department of Justice
<b>Mail tax return and check (if applicable) to</b>	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
<b>Return must be mailed on or before</b>	November 15, 2023
<b>Special Instructions</b>	<p>The report should be signed and dated by the authorized individual(s).</p> <p>A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.</p>

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
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><b>KERN COMMUNITY FOUNDATION</b> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><b>5701 TRUXTUN AVE SUITE 110</b> Address (Number and Street)</p> <p><b>BAKERSFIELD, CA 93309</b> City or Town, State, and ZIP Code</p> <p><b>661-325-5346</b> Telephone Number</p> <p><b>DANETTE@KERNFOUNDATION.ORG</b> 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 <b>CT115874</b></p> <p>Corporation or Organization No. <b>2234366</b></p> <p>Federal Employer ID No. <b>77-0555874</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

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 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ 11,306,758 Noncash Contributions \$ 1,087 Total Assets \$ 38,202,880  
 Program Expenses \$ 3,149,656 Total Expenses \$ 4,338,649

**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.**

<b>AARON FALK</b>	<b>PRESIDENT &amp; CEO</b>	
Signature of Authorized Agent	Printed Name	Title
		Date