Form	990
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



		of the Treasury nue Service	nformation.	Inspection						
Α	For the	e 2022 calend	ar year, or tax year beginning and	ending						
В	Check if applicabl	le: C Name of	organization		D Employer identifica	tion number				
Address KERN COMMUNITY FOUNDATION										
	Name Doing business as 77-055587 Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E									
	Final return		TRUXTUN AVE SUITE 110		661-325-5	346				
	Amen return	ded DAKE	RSFIELD, CA 93309		H(a) Is this a group retu	14,983,654. m				
Applica- F Name and address of principal officer: AARON FALK for subordinates?										
	pendi		TRUXTUN AVE STE 110, BAKERSFIELD,	CA 9						
T	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a lis					
	Websi		KERNFOUNDATION.ORG		H(c) Group exemption r					
κ	Form of	f organization:	X Corporation Trust Association Other	L Year	of formation: 1999 M S					
P	art I	Summary								
0	1	Briefly describ	e the organization's mission or most significant activities: $\underline{ ext{KERN}}$	COMMU	NITY FOUNDAT	ION'S				
ŭ		MISSION	IS GROWING COMMUNITY AND GROWING	PHILA	NTHROPY.					
erna	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse	ets.				
ove	3	Number of vo	ing members of the governing body (Part VI, line 1a)			13				
ۍ مح	4	Number of inc		13						
es			5	39						
Activities & Governance	6	Total number		150						
Acti			7a	0.						
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.				
					Prior Year	Current Year				
ē	8	Contributions	and grants (Part VIII, line 1h)		4,649,756.	9,694,639.				
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		497,396.	523,246.				
ş			come (Part VIII, column (A), lines 3, 4, and 7d)		1,341,483.	1,088,873.				
-	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,488,635.	11,306,758.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		1,978,518.	2,508,591.				
	14	-	to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)		391,622.	732,816.				
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 160, 2		0.	0.				
Т. Д					1 001 400	1 007 040				
	11/		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,091,482.	1,097,242.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,461,622.	4,338,649.				
	19	Revenue less	expenses. Subtract line 18 from line 12		3,027,013.	6,968,109.				
Net Assets or Fund Balances					ginning of Current Year	End of Year				
SSe	20	Total assets (I		······	39,214,030.	38,202,880.				
et A	21		(Part X, line 26)		8,077,631.	4,432,934.				
			fund balances. Subtract line 21 from line 20		31,136,399.	33,769,946.				
P	art II	Signature	DIUCK							

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

Sign Here	Signature of officer AARON FALK, PRESIDENT & C Type or print name and title	EO		Date					
	Print/Type preparer's name REANN RICHARDI, CPA Firm's name DANIELLS PHILLIPS	Preparer's signature	Date	Check PTIN if self-employed P01803841 Firm's EIN 95-2972229					
Preparer Use Only	Firm's name DANIELLS PHILLIPS Firm's address 300 NEW STINE ROA			FIRM'S EIN 95-2912229					
osc only	BAKERSFIELD, CA 93309 Phone no.661-834-741								
May the If	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No					

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	1990 (2022) KERN COMMUNITY FOUNDATION 77-0555874 Page
Par	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 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 \$
70	
4d	Other program services (Describe on Schedule O.)
4.0	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3,149,656.
40	Total program service expenses 3,149,656. Form 990 (20
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Form 990 (2022)

Part IV Checklist of Required Schedules

KERN COMMUNITY FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V			
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		<u> </u>
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves," complete Schedule E. Parts Land IV.	116		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	foreign organization Per Ves, " complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	.5	1	<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	105	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If	00-		x
20	"Yes," complete Schedule L, Part IV	28c		X
9 0	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
	contributions? If "Yes," complete Schedule M	30		X
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
84	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t 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			
		<u></u>	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14 15 15 15 15 15 15 15 1616			
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	x	
2000	(gambling) winnings to prize winners?	Form		(2022)
	4			رد222) ۲
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Form	990 (2022) KERN COMMUNITY FOUNDATION 77-055	5874	P	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 39	2	x						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		┝───					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37					
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b		<u> </u>					
7	Organizations that may receive deductible contributions under section 170(c).			37					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		XX					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>^</u>					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>					
8									
_	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.			v					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~					
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-							
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a	-							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against								
122	amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.	Tea							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
~	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								
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KERN COMMUNITY FOUNDATION

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

X

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.

4	Fotos the number of voting members of the second state and of the terror		1	3	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
b	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1	2		
	Enter the number of voting members included on line 1a, above, who are independent	-		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			2		Ľ
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		┢
3				3		
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form					┢
4 5	Did the organization make any significant changes to its governing documents since the prior Point Did the organization become aware during the year of a significant diversion of the organization's as					┢
6	Did the organization become aware during the year of a significant diversion of the organization set of the organization set of a significant diversion of the organization set of the organizat					┢
	Did the organization have members of stockholders, or other persons who had the power to elect or a					┢
74	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					t
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					T
а	The governing body?	-	-	8a	X	Г
	Each committee with authority to act on behalf of the governing body?				Х	T
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					Γ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ \ ,$			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing both	dy be	fore filing the form?	11a	X	L
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	\bot
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	on Schedule O how this was done				X	╞
13	Did the organization have a written whistleblower policy?				X	╞
14	Did the organization have a written document retention and destruction policy?			14	X	L
15	Did the process for determining compensation of the following persons include a review and approv	-	independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?			37	
	The organization's CEO, Executive Director, or top management official			15a		╞
b	Other officers or key employees of the organization			15b	X	╞
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					
	taxable entity during the year?			16a		┝
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		• •			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			401		
	exempt status with respect to such arrangements?			16b		T
7	List the states with which a copy of this Form 990 is required to be filed CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 0	90.T (section 501/o)/	3)e onh	() 21/21	121
U	for public inspection. Indicate how you made these available. Check all that apply.	anu 9		JS UNIS	y avall	a
	Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. The public i	n on (Schedule ()			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	and fina	ncial	
5	statements available to the public during the tax year.	, or mile			inciai	
20	State the name, address, and telephone number of the person who possesses the organization's b	noke	and records			
	DANETTE RINEHART - 661-325-5346	0013				
	5701 TRUXTUN AVE STE 110, BAKERSFIELD, CA 93309					-
32004	5 12-13-22			Forn	n 990	()
-2000	6			1011		14
91	017 131596 25600 2022.04030 KERN COMMUNITY	FC	OUNDATION	25	600	

Part VII	Compensation of Off	icers, Directors,	Trustees, Ke	ey Employees,	Highest 0	Compensated
	Employees, and Inde	pendent Contra	ctors			

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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	x, unless person is both an ficer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>	cer an	ia a a I	recto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AARON FALK	40.00			0	×	тə	ш.			
PRESIDENT/CEO		x		x				147,671.	Ο.	0.
(2) JEFFREY A. GUTIERREZ	1.00									
CHAIR		X		X				0.	0.	0.
(3) CARLOS SANCHEZ	1.00									
VICE CHAIRER		Х		Х				0.	0.	0.
(4) MARTHA TERRAZAS	1.00								_	
TREASUER		X		X				0.	0.	0.
(5) KRISTEN A. BEALL WATSON	1.00								0	<u>^</u>
DIRECTOR	1 00	X						0.	0.	0.
(6) SUSAN HOPKINS	1.00							0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(7) JOHN C. HERSHEY III	1.00	x						0.	0.	0.
DIRECTOR (8) JUSTIN LELAND	1.00	<u>^</u>						0.	0.	0.
(8) JUSTIN LELAND DIRECTOR	1.00	x						0.	0.	0.
(9) GLENDA GARCIA	1.00							0.	0.	0.
DIRECTOR	100	x						0.	0.	0.
(10) LYDIA CHANEY	1.00							•••		
DIRECTOR		x						0.	0.	0.
(11) JOE GREGORY	1.00									
DIRECTOR		X						0.	0.	0.
(12) VINCENT ODDO	1.00									
DIRECTOR		Х						0.	0.	0.
(13) TANYA ALSHEIKH	1.00								_	
SECRETARY		х		х				0.	0.	0.
		1								
232007 12-13-22	•	·				·				Form 990 (2022)

232007 12-13-22

Form **990** (2022)

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2022.04030 KERN COMMUNITY FOUNDATION

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	990 (2022) KERN COM	MUNITY B	FOT	JNI	DAT	CI(ON			77-0	555	874	Pa	age 8
Par			ploy	vees			ghe	st C						
	(A) Name and title	(B) Average hours per week	Average hours per week Average (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related		on amount of		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		fr org an	pensa om the anizati d relate anizatio	e ion ed
4 h	Quided and a								147,671.		0.			0.
	Subtotal Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								147,671.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			4
	compensation from the organization												Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-		-	•	-		Ŭ		2		3	res	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization		4		x
5	Did any person listed on line 1a receive or a								•			-		х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Schedul	eJī	or si	ucn	pers	son .					5		л
1	Complete this table for your five highest co the organization. Report compensation for										ipensa	ation 1	rom	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C) ompe	;) nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se lis)	stec	d above) who received n	nore than			000	
												Form	990 (2	2022)

232008 12-13-22

Forn	n 99	90 (2	/			111	Y FOUNDA	TION		77-0555	874 Page 9
Pa	rt \	VII									
			Check if Schedule O	conta	ains a respo	onse	or note to any lin		(B)		
								(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts											
Am C		с	Fundraising events		1c						
Giff İlar		d	Related organizations		1d						
Sini,			5 (
er (S		f	All other contributions, gifts,								
-ið t			similar amounts not included				9,694,639.				
Lon Lon		g	Noncash contributions included in	n lines	1a-1f 1g \$	6	1,087.	0 604 630			
o e		h	Total. Add lines 1a-1f				Business Code	9,694,639.			
ø	<u> </u>	а	MANAGEMENT FEES				541610	523,246.	523,246.		
	2	b					541010	525,240.	525,240.		
Ser		č									
am		d									
Program Service Revenue		е									
д		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					523,246.			
	3		Investment income (inclue	ding	dividends, i	ntere	est, and				
								516,994.			516,994.
	4		Income from investment of		-	-					
	5		Royalties		(i) Real		(ii) Personal				
	6		Cross ranta	6.			(ii) Feisonai				
	0	b	Gross rents Less: rental expenses	6a 6b							
			Rental income or (loss)	6c							
			Net rental income or (loss								
	7		Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a	4,248,	775.					
		b	Less: cost or other basis								
nue			and sales expenses	7b	3,676,8						
evenue			Gain or (loss)	7c	571,8						
Ě			Net gain or (loss)			· · · · · ·		571,879.			571,879.
Other	8	а	Gross income from fundraisi								
0			including \$ contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from								
	9		Gross income from gamir								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			s <u></u>					
	10	а	Gross sales of inventory,								
			and allowances								
				Less: cost of goods sold10b							
	-	С	Net income or (loss) from	sales	s of invento	ry	Business Code				
SNC	11	2					Dusiliess Coue				
Miscellaneous Revenue	''	a b									
ella evei		c									
Alisc Re			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					11,306,758.	523,246.	0.	1,088,873.
23200	9 12	2-13									Form 990 (2022

2022.04030 KERN COMMUNITY FOUNDATION

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Form 990 (2022)	KERN	COMMUNITY	FOUNDATION	77			
Part IX Statement of	of Function	al Expenses					
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete co							

	Check if Schedule O contains a respons			,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,508,591.	2,508,591.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	147,672.	73,836.	55,377.	18,459.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	487,082.	243,541.	182,656.	60,885.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,397.	24,698.	18,524.	6,175.
9	Other employee benefits				
10	Payroll taxes	48,665.	24,333.	18,249.	6,083.
11	Fees for services (nonemployees):				
	Management Legal				
	Accounting	19,086.	9,543.	7,157.	2,386
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	547,926.		547,926.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	63,101.	31,550.	23,663.	7,888.
12	Advertising and promotion	0.040	4 004	2 (02	1 0 2 1
13	Office expenses	9,848.	4,924.	3,693.	1,231.
14	Information technology				
15	Royalties	61,105.	30,553.	22,914.	7,638
16 17		3,328.	1,664.	1,248.	416
18	Travel Payments of travel or entertainment expenses	575201	1,0010		1100
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	81,706.	40,853.	30,640.	10,213
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	330.	165.	124.	41.
23	Insurance	7,677.	3,838.	2,879.	960.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		136,982.	68,491.	51,368.	17,123.
b	PRINTING AND MARKETING	75,802.	37,901.	28,426.	9,475.
с	DUES AND SUBSCRIPTIONS	59,801.	29,901.	22,425.	7,475.
d	MISCELLANEOUS	8,380.	4,188.	3,144.	1,048.
е	All other expenses	22,170.	11,086.	8,313.	2,771.
25	Total functional expenses. Add lines 1 through 24e	4,338,649.	3,149,656.	1,028,726.	160,267.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here				
22204	0 12-13-22				Form 990 (2022
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2022.04030 KERN COMMUNITY FOUNDATION

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13491017 131596 25600

KERN COMMUNITY FOUNDATION

				Beginning of year		End of year
1	Cash - non-interest-bearing				1	
2	Savings and temporary cash investments			10,607,446.	2	10,214,940.
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net	148,473.	4	160,205.		
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial o	ontributor, or 35%			
	controlled entity or family member of any of thes	se perso	ons		5	
6	Loans and other receivables from other disqualit	fied per	sons (as defined			
	under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			38,101.	9	44,622.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	37,148. 30,156.			
b	Less: accumulated depreciation	10b	30,156.	2,374.	10c	6,992.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1	1		28,417,636.	12	27,776,121.
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa	39,214,030.	16	38,202,880.		
17	Accounts payable and accrued expenses			50,232.	17	70,083.
18	Grants payable			183,347.	18	264,276.
19	Deferred revenue			55,834.	19	103,333.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to any current or form	ner offic	er, director,			
	trustee, key employee, creator or founder, subst	antial o	ontributor, or 35%			
	controlled entity or family member of any of thes	se perso	ons		22	
23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
24	Unsecured notes and loans payable to unrelated	d third j	parties		24	
25	Other liabilities (including federal income tax, page	yables	to related third			
	parties, and other liabilities not included on lines	17-24)	. Complete Part X			
	of Schedule D			7,788,218.	25	3,995,242. 4,432,934.
26				8,077,631.	26	4,432,934.
	Organizations that follow FASB ASC 958, che	ck her	e X			
	and complete lines 27, 28, 32, and 33.			20 106 200		20.010.046
27	Net assets without donor restrictions			30,186,399.	27	32,819,946. 950,000.
28	Net assets with donor restrictions	950,000.	28	950,000.		
	Organizations that do not follow FASB ASC 9	58, che	eck here			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds		29			
30	Paid-in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated in		F		31	
32	Total net assets or fund balances			31,136,399.	32	33,769,946.
33	Total liabilities and net assets/fund balances			39,214,030.	33	38,202,880.

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(B)

Form 990 (2022)

(A)

Form 990 (2022)

Assets

Liabilities

Net Assets or Fund Balances

Form	1990 (2022) KERN COMMUNITY FOUNDATION	77.	-05558	74	Pag	ge 12
Pa	rt 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				58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	338	3,6	49.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,	968	3,1	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,	136	5,3	99.
5	Net unrealized gains (losses) on investments	5	-4,	334	1,5	62.
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	9,9	46.
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	э О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	в,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					ĺ
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2022	

Open to Public . Inspection

Nam	ame of the organization Employer identification number 77 OFFF074								
Der				FOUNDATION					7-0555874
Par		Reason for Public	-		-			ns.	
The o	rgan	ization is not a private found							
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [Х	An organization that norma	Illy receives a substa	ntial part of its support f	irom a gov	ernmental	unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)				-	-	
11 [An organization organized a		ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Illy integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organ	zation(s)
		that is not functionally int						-	
		requirement (see instruct			•		-		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type	e II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported of	organizations						
g	Prov	ride the following information							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

Schedule A (Form 990) 2022

KERN COMMUNITY FOUNDATION

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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	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.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	3,183,080.	6,392,286.	4,795,703.	4,649,756.	9,694,639.	28,715,464.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						28,715,464.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,183,080.	6,392,286.	4,795,703.	4,649,756.	9,694,639.	28,715,464.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	382,205.	483,663.	395,291.	386,127.	516,994.	2,164,280.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						30,879,744.
12		•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	693,140.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor						L
	ction C. Computation of Publ			. (2)			92.99 %
	Public support percentage for 2022 (14	01 20
	Public support percentage from 2021					15	7 -
168	a 33 1/3% support test - 2022. If the c	-					
	stop here. The organization qualifies						
ľ	33 1/3% support test - 2021. If the c						
47	and stop here. The organization qual						
1/8	a 10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •		17a and line 15 is	
ľ	• 10% -facts-and-circumstances tes						10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circ						
18	Private foundation. If the organization	T UIU HUL CHECK A		a, 100, 17a, 01 170	, UNCON LINS DUX a		<u>s</u> (Form 990) 2022

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				_		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
_	check this box and stop here	-					
Sec	ction C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 202					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	ļ			
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organiza	ition
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
23202	23 12-09-22			15		Sched	ule A (Form 990) 2022

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2022.04030 KERN COMMUNITY FOUNDATION

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KERN COMMUNITY FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

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

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

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Schedule A (Form 990) 2022 KERN COMMUNITY FOUNDATION

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

Section C.	I ype II	Supporting	Organizations	

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	yeat	see instruction	ns).

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	a governmental entity	. Describe in Part VI how	you supported a governm	ental entity (see instructions).
---	--	------------------------------	-----------------------	---------------------------	-------------------------	----------------------------------

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

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3b | | Schedule A (Form 990) 2022

2a

2b

За

Yes No

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Part V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	llv integrate	ed Type III supporting ord	anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total 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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	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	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
-	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022		COMMUNITY				55874 _{Page}
Part VI	Supplemental Int Part IV, Section A, line line 1; Part IV, Section	es 1, 2, 3b, 3c, 4 D, lines 2 and 3	b, 4c, 5a, 6, 9a, 9b 3; Part IV, Section E), 9c, 11a, 11b, ar E, lines 1c, 2a, 2b	nd 11c; Part IV, Sect , 3a, and 3b; Part V,	II, line 17a or 17b; Part II ion B, lines 1 and 2; Part line 1; Part V, Section B, r any additional informati	IV, Section C, line 1e; Part V,
232028 12-09-2	22					Schedule	A (Form 990) 20
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		•	2022.04		COMMUNITI	TOOMDATION	20000

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

77-0555874

KERN COMMUNITY FOUNDATION	ION
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of gamzation type (oncont of	
Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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 for an *exclusively* religious is received *nonexclusively* religious.

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).

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

Schedule	B (Form 990) (2022)			Page 4		
Name of c	organization			Employer identification number		
KERN	COMMUNITY FOUNDATION			77-0555874		
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	try For organizations			
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	haritable, etc., contributions of \$1,000 or	ess for the year. (Enter this info	. once.) \$		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
		(e) Transfer of gif	τ			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No.			<u> </u>			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
Part I						
		(e) Transfer of gif	t			
	Transferee's name, address, ar	nd 7IP + 4	Belationship of tr	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held		
Part I						
		(e) Transfer of gif	/			
	Transferee's name, address, an	na ZIP + 4	Relationship of tr	ansferor to transferee		
223454 11-1	15-22	I		Schedule B (Form 990) (2022		
		24				

13491017 131596 25600

2022.04030 KERN COMMUNITY FOUNDATION

25600_1

SCHEDULE D

(Form	990)
-------	------

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.



Employer identification number

77-0555874

Department of the Treasury Internal Revenue Service Name of the organization

KERN COMMUNITY FOUNDATION

		(a) Donor advised funds	(b) Funds and other accounts
		62	
2	Total number at end of year	2,563,887.	
	Aggregate value of contributions to (during year)	2,878,129.	
	Aggregate value of grants from (during year)	12,961,417.	
	Aggregate value at end of year Did the organization inform all donors and donor advisors in w		icad funda
	-	-	
	are the organization's property, subject to the organization's e. Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		•
		, , , , , ,	X Yes
	t II Conservation Easements. Complete if the orga		
	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreation		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		a certiled historic structure
2		a concernation contribution in the form	a of a concentration accoment on the
	Complete lines 2a through 2d if the organization held a qualifie day of the tax year.		Held at the End of the Ta
	Total number of conservation easements		
	Number of conservation easements on a certified historic structure	cture included in (a)	
	Number of conservation easements included in (c) acquired af		
	historic structure listed in the National Register		2d
	Number of conservation easements modified, transferred, rele		
3		ased, extinguished, or terminated by th	le organization during the tax
	year		
	Number of states where property subject to conservation ease		
	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
0	balance sheet, and include, if applicable, the text of the footnot		
9		ne to the organization s infancial stater	henris that describes the
9			
-	organization's accounting for conservation easements.	Art Historical Treasures or (
-	organization's accounting for conservation easements. t III Organizations Maintaining Collections of		
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	Other Similar Assets.
Par 1a	t III Organization's accounting for conservation easements. Complete if the organization answered "Yes" on Form S If the organization elected, as permitted under FASB ASC 958	290, Part IV, line 8. , not to report in its revenue statement	Other Similar Assets. and balance sheet works
Par 1a	organization's accounting for conservation easements. Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public	990, Part IV, line 8. , not to report in its revenue statement ic exhibition, education, or research in	Other Similar Assets. and balance sheet works furtherance of public
Par 1a	t III Organization's accounting for conservation easements. Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publi service, provide in Part XIII the text of the footnote to its finance	290, Part IV, line 8. , not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite	Other Similar Assets. and balance sheet works furtherance of public ems.
Par 1a b	t III Organization's accounting for conservation easements. Transformation of the organization of the organization of the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958	290, Part IV, line 8. a, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite a, to report in its revenue statement and	Other Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of
Par 1a b	till Organization's accounting for conservation easements. Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publi service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public e	290, Part IV, line 8. a, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite a, to report in its revenue statement and	Other Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of
Par 1a b	organization's accounting for conservation easements. UII Organizations Maintaining Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publis service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public elected for public elected.	290, Part IV, line 8. a, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite b, to report in its revenue statement and exhibition, education, or research in fur	Other Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service,
Par 1a b	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public en- provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	290, Part IV, line 8. a, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite b, to report in its revenue statement and exhibition, education, or research in fur	Dther Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service, \$
Par 1a b	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public en- provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	290, Part IV, line 8. a, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite b, to report in its revenue statement and exhibition, education, or research in fur	Dther Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service, \$\$
Par 1a b	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures	290, Part IV, line 8. a, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite a, to report in its revenue statement and exhibition, education, or research in fur sures, or other similar assets for financial	Dther Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service, \$\$
Par 1a b	organization's accounting for conservation easements. UII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public esprovide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures the following amounts required to be reported under FASB ASC	290, Part IV, line 8. a, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite a, to report in its revenue statement and exhibition, education, or research in fur sures, or other similar assets for financial GC 958 relating to these items:	Dther Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service,
Par 1a b	organization's accounting for conservation easements. UIII Organizations Maintaining Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publis service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trease the following amounts required to be reported under FASB AS Revenue included on Form 990, Part VIII, line 1	290, Part IV, line 8. a, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite a, to report in its revenue statement and exhibition, education, or research in fur sures, or other similar assets for financial GC 958 relating to these items:	Dther Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service,
Dar 1a b	 organization's accounting for conservation easements. Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publi service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treases the following amounts required to be reported under FASB ASC Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X 	290, Part IV, line 8. 4, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite 5, to report in its revenue statement and exhibition, education, or research in fur sures, or other similar assets for financi SC 958 relating to these items:	Dther Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service,
Par 1a b	 organization's accounting for conservation easements. Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publis service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public exprovide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trease the following amounts required to be reported under FASB AS Revenue included on Form 990, Part VIII, line 1 	290, Part IV, line 8. 4, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite 5, to report in its revenue statement and exhibition, education, or research in fur sures, or other similar assets for financi SC 958 relating to these items:	Dther Similar Assets. and balance sheet works furtherance of public and balance sheet works of therance of public service, \$

Sche	1 /	MMUNITY FO				77-05			age 2
Pa	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or O	ther S	imilar Asse	ets(contil	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ke signifi	cant use of its	;		
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co						t XIII.		
5	During the year, did the organization solicit of						٦		٦
De	to be sold to raise funds rather than to be ma						Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	te if the organizatio	n answered "Yes"	on Forr	n 990, Part IV,	line 9, o	r	
1a	Is the organization an agent, trustee, custod		iary for contribution	is or other assets	not inclu	Ided			
Ia	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII					······ └─			
			lowing table.				Amoun	t	
с	Beginning balance				F	1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on F						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Part	XIII				
Pa	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, li	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) ⊺I	hree years back	(e) Fou	r years	back
1a	Beginning of year balance	1,651,461.	1,432,297.	1,290,13	6.	1,087,588.	1	,204,	670.
b	Contributions								
	Net investment earnings, gains, and losses	5,449,446.	277,785.	197,63	3.	275,760.		-21,	,330.
d	Grants or scholarships	15,000.	25,000.	27,50	٥.	46,750.		70,	,000.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	39,704.	33,622.			26,463.		,	,751.
g	End of year balance	7,046,203.	1,651,461.		7.	1,290,136.	1	,087,	588.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	86.5200	_%						
	Permanent endowment 13.4800	%							
С	Term endowment .0000								
_	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered f	or the			Yes	No
	organization by:						2-(1)	165	X
	(i) Unrelated organizations								X
h	(ii) Related organizations								
4	Describe in Part XIII the intended uses of the						. 30		L
_	t VI Land, Buildings, and Equipm		whent turius.						
	Complete if the organization answere		, Part IV, line 11a. S	See Form 990, Par	t X, line	10.			
	Description of property	(a) Cost or of) Accum		(d) Boo	k valu	
		basis (investm		(other)	deprecia		(,		-
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		3	7,148.	30	,156.		6,9	92.
	Other								
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)	<u></u>			6,9	92.
						Schedule	D (Forr	n 990)	2022

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(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)			
Total. (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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of the organization and the organizat		1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e 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	10		3,927,118.
(3) ACCRUED PAYROLL LIABILITIE	55		68,124.
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			3,995,242.

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... X

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Schedule D (Form 990) 2022 KERN COMMUNITY FOUNDATION
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77-0555874 Page 3

Part VII Investments - Other Securities.

Sche	edule D (Form 990) 2022 KERN COMMUNITY FOUNDATIO		<u>77-0555874</u> Р	age 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.			

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

PART 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 232054 09-01-22 28 28

Schedule D (Form 990) 2022	KERN COMMUN	NITY FOUNDATION	77-0555874 Page 5
Part XIII Supplemental Infor	mation (continued)		
POSITION. THE TAX B	ENEFITS RECO	OGNIZED IN THE	FINANCIAL STATEMENTS FROM
SUCH A POSITION ARE	MEASURED BA	ASED ON THE LAR	GEST BENEFIT THAT HAS A
GREATER THAN 50% LI	KELIHOOD OF	BEING REALIZED	UPON ULTIMATE SETTLEMENT.
THE GUIDANCE ON ACC	OUNTING FOR	UNCERTAINTY IN	INCOME TAXES ALSO ADDRESSES
DE-RECOGNITION, CLA	SSIFICATION,	INTEREST AND	PENALTIES ON INCOME TAXES,
AND ACCOUNTING IN I	NTERIM PERIC	DDS.	

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	ls in the Ŭn i ' on Form 990, Pa	ted States		OMB No. 1545-0047 2022 Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization KERN COMM	UNITY FOU	JNDATION					Employer identification number 77-0555874
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						tion X Yes No
Part II Grants and Other Assistance to recipient that received more than s					anization answered "א	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
746 SPORTS FOUNDATION 700 E TULARE AVE	82 2202722	E01(0)(2)	10.000				
SHAFTER, CA 93263-2238 AGRICULTURAL FOUNDATION OF	83-2392732	501(C)(3)	10,000.	0.			CHARITABLE
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		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) a 3 Enter total number of other organization 	•	•	ne line 1 table			•	88.

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

KERN COMMUNITY FOUNDATION

						7-0555874 Page	
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	ns and Domestic G	overnments (Sche	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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							
FEACHER STUDENT ORGANIZATION - PO							
BOX 866 - BAKERSFIELD, CA 93302	82-2183657	501(C)(3)	7,061.	0.			CHARITABLE
NURDERTED NEWODING WOODIGN							
BAKERSFIELD MEMORIAL HOSPITAL							
FOUNDATION - PO BOX 2401 -	95-3555043	501(C)(3)	126 000	0.			CHARITABLE
BAKERSFIELD, CA 93303	95-3555043	501(0)(3)	126,000.	0.			
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
A 95302	33-0001703	501(0)(3)	49,190.	0.			
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	45-2500250	501(C)(2)	10 000	0.			CHARITABLE
- CHARLOTTE, NC 28201-0001	45-2588350		10,000.	υ.			CUARTIABLE

KERN COMMUNITY FOUNDATION Schedule I (Form 990)

(a) Name and address of		(c) IRC section	(d) Amount of	(a) Amount of	(f) Method of	(g) Description of	(b) Purpose of great
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	(e) Amount of noncash assistance	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
COME & GIRLE GLUDE OF WERN COUNTY							
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	95-6000795	501(0)(2)	10 000	0.			CHARITABLE
SHAFTER, CA 93263	95-0000795	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
ITYSERVE NETWORK							
3201 F STREET BAKERSFIELD, CA 93301	82-4490879	501(C)(3)	29,000.	0.			CHARITABLE
	52 1190079		25,000.	0.			
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) KERN COMMUNITY FOUNDATION 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
UENDIEMEN WEITI NEWODIAL OUILD							
HENRIETTA WEILL MEMORIAL CHILD							
GUIDANCE CLINIC - 3628 STOCKDALE	05 1642201	E01(0)(2)	22 747	0			
HIGHWAY - BAKERSFIELD, CA 93309	95-1643391	501(C)(3)	22,747.	0.			CHARITABLE
HOFFMANN HOSPICE							
4325 BUENA VISTA ROAD BUILDING A							
	77-0386207	501((2)(3)	9,000.	0.			CHARITABLE
BAKERSFIELD, CA 93311	77-0300207	501(C)(3)	3,000.	U.			
INDEPENDENCE THROUGH GRACE							
PO BOX 81721							
10 DOM 01/21		1			1	1	1

Schedule I (Form 990) KERN COMMUNITY FOUNDATION 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	77-0188030	501(C)(3)	15,000.	0.			
EDUCATIONAL FOUNDATION - 5801							
SUNDALE AVENUE - BAKERSFIELD, CA							
93309	77-0235452	501(C)(3)	7,000.	0.			CHARITABLE
	,, 0233432	501(0/(3/	,,000.	0.			
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) KERN COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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	05 0165060	F01 (g) ())	F 400				
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
	51 1251512	501(0)(3)	10,200.				
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 -	00 1340000	E01(0)(2)	100.000	_			
BAKERSFIELD, CA 93308	92-1349962	PUT(C)(3)	100,000.	0.			CHARITABLE

KERN COMMUNITY FOUNDATION Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
STEMTAUGHT FOUNDATION							
450 RUGGER ST							
BAKERSFIELD, CA 93314	83-1569544	501(C)(3)	25,000.	Ο.			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.	Ο.			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 BRETHREN 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.	٥.			CHARITABLE

KERN COMMUNITY FOUNDATION

Schedule I (Form 990) KERN COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							77-0555874 Pa	
(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	
NIVERSITY OF SOUTHERN CALIFORNIA								
ECK SCHOOL OF MEDICINE/1975 ZONAL								
VENUE, KAM B16 - LOS ANGELES, CA								
0089-9	95-1642394	501(C)(3)	100,000.	0.			CHARITABLE	
VALLEY BAPTIST CHURCH								
800 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								
15 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	
					1	1		

Schedule I (Form 990) 2022

KERN COMMUNITY FOUNDATION

Page 2

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.

(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
				recipients cash grant cash assistance (DOOK, FWV, appraisal, other)

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

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 77 - 0555874

KERN COMMUNITY FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION'S BOARD OF DIRECTORS REVIEWS FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION PROVIDES ALL NEW DIRECTORS & EMPLOYEES WITH A CONFLICT OF

INTEREST FORM. CONTINUING DIRECTORS & EMPLOYEES ARE REQUIRED TO UPDATE THE

FORM ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BOARD OF DIRECTORS ANNUALLY REVIEW AND APPROVE SALARIES

OF PRESIDENT AND CEO AND OTHER KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 IS AVAILABLE ON THE KERN COMMUNITY FOUNDATION'S WEBSITE,

WWW.KERNFOUNDATION.ORG, VIA THE "ABOUT US" SECTION AT THE "FINANCIAL

OVERVIEW" TAB.

FORM 990 PART XII LINE 2C

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED

BASIS, AS IN PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

13491017 131596 25600

2022.04030 KERN COMMUNITY FOUNDATION 25600_1

39

SCH	IEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

77-0555874

Name of the organization

KERN COMMUNITY FOUNDATION

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)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	-
of disregarded entity		foreign country)			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	(f) Direct controlling entity	conti	g) 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
KERN REAL ESTATE FOUNDATION - 46-2637218							
5701 TRUXTUN AVE. STE 100	TO BENEFIT AND SUPPORT THE						
BAKERSFIELD, CA 93309	KERN COMMUNITY FOUNDATION	CALIFORNIA	501(C)(3)	LINE 12A, I			Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 KERN COMMUNITY FOUNDATION

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

 (a)
 (b)
 (c)
 (d)
 (e)
 (f)
 (g)
 (h)
 (i)
 (j)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1)	ו)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	^{al or} Percentage ^{ging} ownership ^{er?}
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
	1			I							

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) (d) Legal domicile (state or foreign centity (C		(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	Sec 512(l contr ent	tion b)(13) rolled tity?
		country)		0				Yes	No

Schedule R (Form 990) 2022 KERN COMMUNITY FOUNDATION

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

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			r		Yes	No				
1	During the tax year, did the organization engage in any of the following transactions										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X				
b	Gift, grant, or capital contribution to related organization(s)				1b		X				
c	Gift, grant, or capital contribution from related organization(s)				1c		X				
c	Loans or loan guarantees to or for related organization(s)				1d		Х				
	Loans or loan guarantees by related organization(s)				1e		Х				
f Dividends from related organization(s)											
g	g Sale of assets to related organization(s)										
					1h		X				
i	 h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 										
j Lease of facilities, equipment, or other assets to related organization(s)											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		Х				
n	n Performance of services or membership or fundraising solicitations by related organ				1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х				
					10		Х				
	G () () () ()										
p	Reimbursement paid to related organization(s) for expenses				1p		X				
					1q		X				
q Reimbursement paid by related organization(s) for expenses											
r Other transfer of cash or property to related organization(s)											
s Other transfer of cash or property from related organization(s)											
 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)	(b)	(c)	(d)							

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
_(2)			
(3)			
<u>(</u> 4)			
(5)			
_(6)			
	10		

Schedule R (Form 990) 2022 KERN COMMUNITY FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	() Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging er?	(k) Percentage ownership
			30000113 3 12 3 14)	Yes I	No			Yes	No	(101111003)	Yes	NO	
												_	
												_	
												+	
												+	
												_	
												_	

Schedule R (Form 990) 2022

Dort VII	Our set and all he forms at the set
Fartvir	Supplemental Information

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

232165 09-14-22

2022 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2022

Prepared for	
	Kern Community Foundation
	5701 Truxtun Ave Suite 110
	Bakersfield, CA 93309
Prepared by	
	Daniells Phillips Vaughan & Bock
	300 New Stine Road
	Bakersfield, CA 93309
To be signed and	
dated by	Not Applicable
Amount of tax	Total tax \$0.00
	Less: payments and credits \$ 0.00
	Plus: other amount \$ U.UU
	Plus: interest and penalties 5 0.00
	No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00
,	Other amount \$ U.UU
	Refunded to you \$ 0.00
Make check	Not applicable
payable to	
Mail tax return	This return has been prepared for electronic filing. If you
and check (if	wish to have it transmitted electronically to the FTB, please
applicable) to	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.
Return must be	
mailed on or before	Not Applicable
Special	
Instructions	

TAXABLE YEARCalifornia Exempt Organization2022Annual Information Return

2	202	22	Annual Informat	ion Return							199	
Calenda	ır Yeai	r 2022 (or fiscal year beginning (mm/dd/yyyy)			, and ending	(mm/dd/yy	уу)				
Corporat	ion/Org	ganizatio	name				Cal	lifornia corp	oration	number		
										-		
			UNITY FOUNDATION					2234	366)		
Additiona	al inforr	nation. S	ee instructions.				FE	EIN		- 0 7 4		
Street ed	drage (ouito or r	20m)					77-0		08/4		
Street ad			TUN AVE SUITE 110					FIVID IIU.				
City	<u> </u>	NOX	ION AVE SOITE ITO				State	ZIP code	•			
BAKI	ERS	FIE	LD				CA	9330				
Foreign c				Foreign province/state	e/county		1 011	Foreign p		ode		
A Firs	st retu	rn		Yes X No	I Did th	e organization ha	ive any char	iges to its	guide	lines		
B Am	ended	d return	•	Yes X No	not re	ported to the FTE	8? See instru	uctions		•	Yes 🛛] No
C IRC	C Secti	ion 494	7(a)(1) trust	Yes X No	J If exer	npt under R&TC	Section 237	'01d, has	the or	ganization		
D Fin	al info	rmatior	n return?			ed in political act					Yes	_
٠		Dissolve	d Surrendered (Withdrawn)	Merged/Reorganized		organization exe					_ Yes X	No
			/yyyy) •			s," enter the gross	•					<u></u>
			ig method: (1) Cash (2) X Accru			organization a lir				•	Yes X	⊾ NO
			ed? (1) ● 990⊤(2) ● 990PF (3) 90 series) • [] Sch H (990)		e organization file taxable income?				•		
			ling? See instructions		N is the	organization unc	ler audit hv t	the IRS or	r has th	♥∟ 1e	_ 165 [23	
			on in a group exemption		IRS at	udited in a prior y	rear?		nuo u	•	Yes X	
			the parent's name?			eral Form 1023/1		-			Yes X	No
	,					iled with IRS	-					_
Part	1 (te Part I unless not required to file this f									_
			Gross sales or receipts from other source						1	5,2	289,01	.5 00
		2	Gross dues and assessments from memb	ers and affiliates			CUMMU	•	2	0.6	01 63	00
		3	Gross contributions, gifts, grants, and sin	nilar amounts received	1 		S.I.W.I.	• <u>+</u> ••	3	9,0	594,63	9 00
Rece	ipts		Total gross receipts for filing requirement This line must be completed. If the resul		-	ral Information P		•	4	1/0	83,65	
an	d					i i		00		14,5	05,05	= 00
Reve	nues	6	Cost of goods sold Cost or other basis, and sales expenses o	if assets sold	•	5 6 3	,676,8	396 00				
									7	3,6	576,89	6 00
			Total gross income. Subtract line 7 from I						8		, 106,75	
			Total expenses and disbursements. From					•	9	3,9	82,38	36 00
Expei	ises	10	Excess of receipts over expenses and disl	bursements. Subtract	line 9 fron	n line 8		•	10	7,3	324,37	2 00
		11	Total payments					•	11			00
									12			00
			Payments balance. If line 11 is more than						13	ļ		00
Filing	Fee		Use tax balance. If line 12 is more than lin						14			00
			Penalties and interest. See General Inform						15			00
		16 Under	Balance due. Add line 12 and line 15. The cenatites of perjury, 1 declare that I have examine e, correct, and complete. Declaration of preparer	a this return, including ac	m the rest companying	III schedules and stat	ements, and t	o the best of	16 of my kr	lowledge and be	tief,	00
Sign		it is tru	e, correct, and complete. Declaration of preparer	(other than taxpayer) is ba		nformation of which		any knowled	dge.			
Here		Signatu of offic				IDENT &	CE			Telephone		
						Date	Check	cif		● PTIN		
		Prepare signatu	er's					mployed		P01803	841	
Paid		Firm's					•			● Firm's FEIN		
Prepare	er's	(or you if self-	^{rs,} ▶ DANIELLS PHILLI		I & B	OCK				95-297	2229	
Use On	ly	employ and ad	drago							Telephone		
			BAKERSFIELD, CA					·		661-83	4-741	.1
		May t	ne FTB discuss this return with the prepar	er shown above? See	instructio	ns		• 🛛 🗙	Yes	No No		

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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

	1	Gross sales or receipts from all	business act	ivities. See instru	ctions		•	1			00
	2	Interest					•	2	2	280,146	
	3	Dividends						9 3	3	236,848	3 00
Receipts	4	• •						4	Ļ		00
from	5	Gross royalties						5	5		00
Other	6	Gross amount received from sa	le of assets (See instructions)		STA	TEMENT 2	· · ·	5	4,248,775	
Sources	7	Other income				SEE STA	TEMENT 3	· 7	'	523,246	
	8	Total gross sales or receipts fro	om other sou	rces. Add line 1 th	hrough lin	e 7. Enter here and	on Side 1, Part I, line 1	8	3	5,289,015	
	9	Contributions, gifts, grants, and	similar amo	unts paid		STA	TEMENT 4	9 9		2,152,328	3 00
	10	Disbursements to or for member	ers					10)		00
	11	Disbursements to or for member Compensation of officers, direc	tors, and true	stees		SEE STA	TEMENT 5	11		147,672	
	12	Other salaries and wages						12	2	487,082	2 00
Expenses	13							13	3		00
and	14						•	14	Ļ	48,665	
Disburse-	15	Rents					•	15	5	61,105	
ments	16	Depreciation and depletion (See	instructions)				16	5	330	
	17	Depreciation and depletion (See Other expenses and disburseme	ents			SEE STA	TEMENT 6	17	'	1,085,204	
	18	Total expenses and disburseme	ents. Add line	9 through line 17	7. Enter he	ere and on Side 1, P	art I, line 9	18		3,982,386	0 0
Schedu	ıle L	Balance Sheet		Beginning of	taxable y	year	E	nd of ta	axable	-	
Assets				(a)		(b)	(C)			(d)	
1 Cash					1	0,607,446			•	10,214,9	
		s receivable				148,473			•	160,2	205
		ceivable							•		
									•		
		state government obligations							•		
		in other bonds							•		
		in stock							•		
8 Mortga					<u> </u>	0 417 626	•		•		01
9 Other i	investi	ments STMT 7		22 100		8,417,636		1 4 0	•	27,776,1	<u>. 4 I</u>
10 a Dep	reciab	le assets		32,199 29,825)		2,374	37, (30,1			6,9	102
		mulated depreciation	(<u> </u>		4,3/4	(<u>50,1</u>	50)	-	0,9	192
11 Land		STMT 8				38,101			•	44,6	:22
					2	9,214,030			•	38,202,8	
Liabilities		at worth				,214,050				50,202,0	
		yable				50,232)		•	70,0	183
		s, gifts, or grants payable				183,347			•	264,2	
		iotes payable							•		
									•		
18 Other I	liabiliti	es STMT 9				7,844,052	2			4,098,5	575
		or principal fund				, - ,			•		
		tal surplus. Attach reconciliation							•		
		nings or income fund			3	1,136,399			•	33,769,9	46
		ties and net worth			3	9,214,030				38,202,8	380
Schedu	ıle N	1-1 Reconciliation of income	per books v	vith income per re	eturn						
		Do not complete this sche	dule if the ar			13, column (d), is les	ss than \$50,000.				
1 Net inc	come p	per books	•	2,989,	808	7 Income recorded	l on books this year				
2 Federa						not included in t	his return. Attach sched	ule	. 🔸		
3 Excess	s of ca	pital losses over capital gains 💠	•			8 Deductions in th	is return not charged				
4 Incom	e not i	recorded on books this year.				against book inc					
Attach			🕒						. 🔸		
		corded on books this year not				9 Total. Add line 7					
		this return. Attach schedule	.* •			0 Net income per r					
6 Total.	Add lir	ne 1 through line 5		7,324,		Subtract line 9 fr	om line 6			7,324,3	372
				* SEE	STAT:	EMENT					
			_	-		~ ·					-
	Side	2 Form 199 2022	02	22 3	6522	24					

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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	ATEMENT 1
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				
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 FOUNDATI	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.

9,648,289.

TOTAL INCLUDED ON LINE 3

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CA 199 GROSS	AM	OUNT FRO	M SAL	EOF	ASSETS		S	TATEMENT	2
DESCRIPTION			DA ACQU	TE IRED	DAT SOL	_		THOD UIRED	
VARIOUS SECURITIES			01/0	1/22	12/31	/22	PUR	CHASED	
		COST OTHER B		DEP	REC.		PENSE SALE	GROSS SALES PR	
		3,676,	896.		0.		0.	4,248,7	75.
TOTAL TO FORM 199, PAGE 2, LN	6	3,676,	896.		0.		0.	4,248,7	75.
CA 199		OTHER	INCOM	 E			S	TATEMENT	3
DESCRIPTION								AMOUNT	
MANAGEMENT FEES								523,2	46.
TOTAL TO FORM 199, PART II, LI	INE	7						523,2	46.

CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PAI		TATEMENT 4
ACTIVITY CLASSIFICAT	ION: 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.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ASSOCIATED STUDENTS CALIFORNIA STATE UNI		NONE	15,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD ANGELS	8200 STOCKDALE HWY STE. M10-261 - BAKERSFIELD, CA 93311	NONE	61,100.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD COLLEGE FOUNDATION	1801 PANORAMA DRIVE - BAKERSFIELD, CA 93305	NONE	16,443.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD HIGH SCHOOL PARENT TEACHER S	PO BOX 866 - BAKERSFIELD, CA 93302	NONE	7,061.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION	PO BOX 2401 - BAKERSFIELD, CA 93303	NONE	126,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD MUSEUM OF ART	1930 R STREET - BAKERSFIELD, CA 93301	NONE	11,246.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD MUSIC	1931 CHESTER AVENUE - BAKERSFIELD, CA 93301	NONE	5,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD SOUTHWEST BASEBALL, INC.	PO BOX 21374 - BAKERSFIELD, CA 93390	NONE	250,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BAKERSFIELD SYMPHONY ORCHESTRA INC.	PO BOX 751 - BAKERSFIELD, CA 93302	NONE	49,190.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BE FINALLY FREE	PO BOX 11851 - BAKERSFIELD, CA 93389	NONE	20,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BETHESDA TEACHING MINISTRY	PO BOX 20028 - EL CAJON, CA 92021-0900	NONE	50,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BILLY GRAHAM EVANGELISTIC ASSOCIATION	1 BILLY GRAHAM PKWY - CHARLOTTE, NC 28201-0001	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BOYS AND GIRLS CLUB OF VENTURA, INC.	1280 S. VICTORIA AVE., SUITE 240 - VENTURA, CA 93003	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BOY SCOUTS OF AMERICA SOUTHERN SIERRA CO	2417 M STREET - BAKERSFIELD, CA 93301	NONE	6,853.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BOYS & GIRLS CLUBS OF KERN COUNTY	801 NILES STREET, BIN 5J - BAKERSFIELD, CA 93385	NONE	17,736.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CITIZENS PRESERVING HISTORY	PO BOX 36 - CALIENTE, CA 93518	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CITY CHARITABLE PURPOSE FOUNDATION	336 PACIFIC AVE - SHAFTER, CA 93263-2047	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CITY OF SHAFTER	336 PACIFIC AVENUE - SHAFTER, CA 93263	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CITY OF SHAFTER - SHAFTER LIBRARY & LEAR		NONE	23,600.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CITYSERVE NETWORK	3201 F STREET - BAKERSFIELD, CA 93301	NONE	29,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
COMMUNITY HEALTH SYSTEM	1530 E. SHAW AVENUE, SUITE 106 - FRESNO, CA 93710	NONE	20,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSUB FOUNDATION	9001 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93311	NONE	101,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DELANO JOINT UNION HIGH SCHOOL DISTRICT		NONE	6,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DOLORES C HUERTA FOUNDATION	PO BOX 2087 - BAKERSFIELD, CA 93303	NONE	26,400.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FRIENDS OF MERCY FOUNDATION	PO BOX 119 - BAKERSFIELD, CA 93302	NONE	35,353.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GARDEN PATHWAYS, INC.	1616 29TH STREET - BAKERSFIELD, CA 93301	NONE	16,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GRIMM FAMILY EDUCATION FOUNDATION	11001 RIVER RUN BLVD SUITE 101 - BAKERSFIELD, CA 93311	NONE	98,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HEALTH THROUGH WHOLENESS, INC	3400 CALLOWAY DR., BUILDING 600 - BAKERSFIELD, CA 93312	NONE	5,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HENRIETTA WEILL MEMORIAL CHILD GUIDANCE	3628 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93309	NONE	22,747.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HOFFMANN HOSPICE	4325 BUENA VISTA ROAD BUILDING A - BAKERSFIELD, CA 93311	NONE	9,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
INDEPENDENCE THROUGH GRACE	PO BOX 81721 - BAKERSFIELD, CA 93380	NONE	6,100.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JIM BURKE EDUCATION FOUNDATION	P.O. BOX 316 - BAKERSFIELD, CA 93302	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KEEPERS TRANSFORMATION HOUSE WOMEN'S DIS	125 N. CHESTER AVE - BAKERSFIELD, CA 93308	NONE	26,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KERN COUNTY CANCER FOUNDATION	6501 TRUXTUN AVE - BAKERSFIELD, CA 93309	NONE	15,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KERN COUNTY HISPANIC CHAMBER OF COMMERCE	1601 H STREET, STE 201 - BAKERSFIELD, CA 93301	NONE	5,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KERN COUNTY MUSEUM FOUNDATION	3801 CHESTER AVE - BAKERSFIELD, CA 93301	NONE	30,203.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KERN COUNTY SCIENCE FOUNDATION	1300 17TH ST., 5TH FLOOR - BAKERSFIELD, CA 93301-4504	NONE	15,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KERN HIGH SCHOOL DISTRICT EDUCATIONAL FO	5801 SUNDALE AVENUE - BAKERSFIELD, CA 93309	NONE	7,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KERN LITERACY COUNCIL	331 18TH STREET - BAKERSFIELD, CA 93301-4928	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KERN PARTNERSHIP FOR CHILDREN AND FAMILI	100 E. CALIFORNIA AVENUE - BAKERSFIELD, CA 93307	NONE	10,653.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KERN RIVER CONSERVANCY	PO BOX 1042 - KERNVILLE, CA 93238	NONE	29,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MILLIKEN MUSEUM SOCIETY	P. O. BOX 2294 - LOS BANOS, CA 93635	NONE	10,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MISSIONS DOOR	750 W HAMPDEN AVE. STE 518 - ENGLEWOOD, CO 80110-2198	NONE	6,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NORTH KERN CHRISTIAN SCHOOL	710 PETERS STREET - WASCO, CA 93280	NONE	10,604.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
OUR LADY OF MT. CARMEL CATHOLIC CHURCH	1300 EAST VALLEY ROAD - SANTA BARBARA, CA 93108	NONE	5,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PACIFIC SECTION OF THE AMERICAN ASS. OF	PO BOX 1072 - BAKERSFIELD, CA 93302-1072	NONE	5,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RELAPSING POLYCHONDRITIS FOUNDATION	1202 LEXINGTON AVENUE, BOX 112 - NEW YORK, NY 10028	NONE	5,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RIVERSTONE WELLNESS	P.O. BOX 363 - WOFFORD HEIGHTS, CA 93238	NONE	5,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RONALD MCDONALD HOUSE CHARITIES OF SOUTH	420 34TH STREET - BAKERSFIELD, CA 93301	NONE	5,400.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SAINT ELIZABETH ANN SETON CATHOLIC CHURC		NONE	10,250.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SAINT FRANCIS PARISH	900 H STREET - BAKERSFIELD, CA 93304	NONE	13,200.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SALVATION ARMY	4417 WILSON ROAD - BAKERSFIELD, CA 93309	NONE	10,653.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SHAFTER HISTORICAL SOCIETY	PO BOX 1088 - SHAFTER, CA 93263-1088	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SHIELDING THE FRONTLINE KERN COUNTY	3121 STANDARD STREET - BAKERSFIELD, CA 93308	NONE	100,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STEMTAUGHT FOUNDATION	450 RUGGER ST - BAKERSFIELD, CA 93314	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ST. FRANCIS PARISH SCHOOL	2516 PALM - BAKERSFIELD, CA 93301	NONE	12,132.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ST. PHILIP THE APOSTLE CHURCH	7100 STOCKDALE HIGHWAY - BAKERSFIELD, CA 93309	NONE	7,465.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE MISSION AT KERN COUNTY	PO BOX 2222 - BAKERSFIELD, CA 93303-2222	NONE	7,740.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE UNITED STATES CONFERENCE OF THE MENN	РО ВОХ 20200 - WICHITA, KS 67208	NONE	7,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIFIED IN MISSION	10507 HIGH GOAL PLACE - BAKERSFIELD, CA 93312	NONE	22,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNITED WAY FRESNO AND MADERA COUNTIES	4949 E. KINGS CANYON ROAD - FRESNO, CA 93727	NONE	6,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNITED WAY OF KERN COUNTY	1707 EYE STREET, SUITE 300 - BAKERSFIELD, CA 93301	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNITED WAY OF VENTURA COUNTY INC	702 COUNTY SQUARE DRIVE, SUITE 100 - VENTURA, CA 93003	NONE	10,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF SOUTHERN CALIFORNIA	KECK SCHOOL OF MEDICINE/1975 ZONAL AVENUE, KAM B16 - LOS ANGELES, CA 90089-9	NONE	100,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VALLEY BAPTIST CHURCH	4800 FRUITVALE AVENUE - BAKERSFIELD, CA 93308	NONE	8,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VALLEY PBS	1544 VAN NESS AVENUE - FRESNO, CA 93721	NONE	25,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VENTURA EDUCATION PARTNERSHIP	255 WEST STANLEY AVENUE - VENTURA, CA 93001	NONE	10,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
V V FAMILY FOUNDATION	16500 BRIMHALL RD - BAKERSFIELD, CA 93314-9212	NONE	6,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
WHITE WOLF WELLNESS FOUNDATION	115 PASATIEMPO DRIVE - BAKERSFIELD, CA 93305	NONE	18,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
WILLIE J FRINK COLLEGE PREP	P.O. BOX 13153 - BAKERSFIELD, CA 93389	NONE	5,000.

BAKERSFIELD, CA 93309

DONEES NAME	DONEES ADDRESS	RELATIONSH	IP AMOUNT
YOUTH 2 LEADERS EDUCATION FOUNDATION		KERSFIELD, NONE	6,699.
	TOTAL FOR THIS A	CTIVITY	2,152,328.
TOTAL INCLUDED ON FORM	M 199, PART II, L	INE 9	2,152,328.
CA 199 COMPENSA	TION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
AARON FALK 5701 TRUXTUN AVE SUIT BAKERSFIELD, CA 9330		PRESIDENT/CEO 40.00	147,672.
JEFFREY A. GUTIERREZ 5701 TRUXTUN AVE SUIT BAKERSFIELD, CA 9330		CHAIR 1.00	0.
CARLOS SANCHEZ 5701 TRUXTUN AVE SUIT BAKERSFIELD, CA 9330	-	VICE CHAIRER 1.00	0.
MARTHA TERRAZAS 5701 TRUXTUN AVE SUIT BAKERSFIELD, CA 9330	-	TREASUER 1.00	0.
KRISTEN A. BEALL WATS 5701 TRUXTUN AVE SUIT BAKERSFIELD, CA 9330	E 110	DIRECTOR 1.00	0.
SUSAN HOPKINS 5701 TRUXTUN AVE SUIT BAKERSFIELD, CA 9330		DIRECTOR 1.00	0.
JOHN C. HERSHEY III 5701 TRUXTUN AVE SUIT		DIRECTOR 1.00	0.

KERN COMMUNITY FOUNDATION		77-0555874
JUSTIN LELAND 5701 TRUXTUN AVE SUITE 110 BAKERSFIELD, CA 93309	DIRECTOR 1.00	0.
GLENDA 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		147,672.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
CONTRACT LABOR PRINTING AND MARKETING DUES AND SUBSCRIPTIONS MISCELLANEOUS PENSION PLAN CONTRIBUTIONS ACCOUNTING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES TRAVEL CONFERENCES AND CONVENTIONS INSURANCE ALL OTHER EXPENSES		136,982. 75,802. 59,801. 8,380. 49,397. 19,086. 547,926. 63,101. 9,848. 3,328. 81,706. 7,677. 22,170
ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE	5 17	22,170.

CA 199 C	OTHER	INVESTMENTS		STATEMENT	7
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
AGENCY ACCOUNT		-	28,417,636.	27,776,12	21.
TOTAL TO FORM 199, SCHEDULE L, LI	INE 9	-	28,417,636.	27,776,12	21.
CA 199	OTHE	R ASSETS		STATEMENT	8
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
PREPAID EXPENSES AND DEFERRED CHA	ARGES	-	38,101.	44,62	22.
TOTAL TO FORM 199, SCHEDULE L, LI	INE 12	- ? =	38,101.	44,62	22.
CA 199 C	OTHER	LIABILITIES		STATEMENT	9
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
FUNDS HELD FOR OTHERS ACCRUED PAYROLL LIABILITIES DEFERRED REVENUE		-	7,761,484. 26,734. 55,834.	3,927,11 68,12 103,33	24.
TOTAL TO FORM 199, SCHEDULE L, LI	INE 18	-	7,844,052.	4,098,57	75.
		D ON BOOKS ' D IN THIS R		STATEMENT	10
DESCRIPTION				AMOUNT	
UNREALIZED LOSS				4,334,56	54.
TOTAL TO FORM 199, SCHEDULE M-1,		F		4,334,56	

TAXABLE YEA	California e-file Return Authorization for Exempt Organizations	FORM 8453-EO
Exempt Organizati	on name	Identifying number
	MMUNITY FOUNDATION	77-0555874
	tronic Return Information (whole dollars only)	
5	ss receipts (Form 199, line 4)	
•	ss income (Form 199, line 8)	
3 Total exp	enses and disbursements (Form 199, line 9)	3 3,982,386
Part II Set	le Your Account Electronically for Taxable Year 2022	
4 Elec	tronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/y	ууу)
	king Information (Have you verified the exempt organization's banking information?)	
5 Routing n		
6 Account r		J Savings
	laration of Officer xempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic fu	nde withdrawal for the amount listed
on line 4a.	אלווידר טועמוויבמוטוי ג מכנטטווג וט של שלוויפט מג טבאטומופט ווי דמוניו. ווי כווכנג דמוניו, שטא 4, ו מטווטויבל מו לוכנו טווג וט	nus williurawai ior life amount iisleu
transmitter, or in California electro a balance due re organization wil statements be tr	of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my ele netrmediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the onic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If turn, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organi remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return an ansmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organ prize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	e exempt organization's 2022 ´´ the exempt organization is filing zation's fee liability, the exempt d accompanying schedules and
Sign	PRESIDENT & CEO	
Here	Signature of officer Date Title	
Part V Dec	laration of Electronic Return Originator (ERO) and Paid Preparer.	
am only an inter accurately reflec provided the org 1345, 2022 Han the exempt orga I declare that I h	ave reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and corr mediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I decl ts the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmittin panization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requ dbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the returnization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the pai ave examined the above exempt organization's return and accompanying schedules and statements, and to the best of d complete. I make this declaration based on all information of which I have knowledge.	are, however, that form FTB 8453 ⁻ EO g this return to the FTB; I have irements described in FTB Pub. urn or four years from the date d preparer, under penalties of perjury,
ERO's signate	Date Check if Check if also paid if self- preparer X	red P01803841
	name (or yours DANIELLS PHILLIPS VAUGHAN & BOCK	Firm's FEIN 95-2972229
Sign and ac	dress 300 NEW STINE ROAD BAKERSFIELD, CA	ZIP code 93309
	of perjury, I declare that I have examined the above organization's return and accompanying schedules and statement are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	s, and to the best of my knowledge
-	Paid preparer's signature	Paid preparer's PTIN
Must	Firm's name (or yours	Firm's FEIN
	if self-employed) and address	
		ZIP code
		FTB 8453-EO 2022

229021 11-10-22

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2022

Prepared for	
	Kern Community Foundation
	5701 Truxtun Ave Suite 110
	Bakersfield, CA 93309
Prepared by	
	Daniells Phillips Vaughan & Bock
	300 New Stine Road
	Bakersfield, CA 93309
Amount due	
or refund	Balance due of \$400.00
Make check	Deneutront of Turting
payable to	Department of Justice
Mail tax return	Registry of Charitable Trusts
and check (if applicable) to	P.O. Box 903447
	Sacramento, CA 94203-4470
Determined by	
Return must be mailed on	
or before	November 15, 2023
Special	The report should be signed and dated by the authorized
Instructions	individual(s).
	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.

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) 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	Failure to su organizatio minimum tax	IUAL REGISTRATION RENEW TO ATTORNEY GENERAL OF ections 12586 and 12587, California 1 Cal. Code Regs. sections 301-306 ubmit this report annually no later than four months n's accounting period may result in the loss of tax of \$800, plus interest, and/or fines or filing penalti 23703; Government Code section 12586.1. IRS ext	Governme , 309, 311, and fifteen da exemption and es. Revenue &	DRNIA ent Code and 312 ys after the end of the the assessment of a Taxation Code section	DEPARTMENT (For Registry Use Only)	of ji Pag	ISTICE ≟E 1 of 5
KERN COMMUNITY		ION		ange of address nended report			
List all DBAs and names the organization 5701 TRUXTUN AVI		110	State Ch	arity Registration Nu	mber ст 115874		
Address (Number and Street) BAKERSFIELD, CA City or Town, State, and ZIP Code 661-325-5346 Telephone Number		TE@KERNFOUNDATION.	Corporat	tion or Organization N Employer ID No. $\frac{77}{2}$	lo. 2234366		
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Depart			, 311, and 312)		
Total Revenue Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,000		Total Revenue Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million			001 and \$100 million 0,001 and \$500 million 0 million		_
PART A - ACTIVITIES							
		period (beginning $01/01/20$ 758 Noncash Contributions\$ 3,149,656				2,8	80
PART B - STATEMENTS REG	ARDING ORC	GANIZATION DURING THE PERIOD	OF THIS R	EPORT			
		f you answer "yes" to any of the que ils for each "yes" response. Please r				Yes	No
1. During this reporting perio	d, were there	any contracts, loans, leases or other to of, either directly or with an entity in v	financial tra	nsactions between th	ne organization	Tes	X
2. During this reporting period or funds?	d, was there a	any theft, embezzlement, diversion or	misuse of t	he organization's cha	ritable property		x
	od, were any o	rganization funds used to pay any per	nalty, fine o	r judgment?			x
4. During this reporting period commercial coventurer us		ervices of a commercial fundraiser, fur	ndraising co	bunsel for charitable p	ourposes, or		x
5. During this reporting perio	d, did the org	anization receive any governmental fu	inding?				x
6. During this reporting perio	d, did the org	anization hold a raffle for charitable pu	urposes?				x
7. Does the organization cor	iduct a vehicle	e donation program?					x
5		ndent audit and prepare audited finar es for this reporting period?	ncial statem	ents in accordance v	vith	x	
9. At the end of this reporting	g period, did t	he organization hold restricted net as	sets, while	reporting negative un	restricted net assets?		x
		ve examined this report, including a I complete, and I am authorized to s		ing documents, and	to the best of my kno	wled	1
Signature of Authorized Agent		RON FALK		PRESIDENT &	CEO		
					Date		