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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning **10/01/10**, and ending **09/30/11**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KERN RIVER FOUNDATION		D Employer identification number 95-3842364
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 1602		E Telephone number 661-837-4216
	City or town, state or country, and ZIP + 4 BAKERSFIELD CA 93302		F Group Exemption Number _____
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		
I Website: ▶ www.kernriverparkway.org			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return			

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **8,922**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,921
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8,922
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	120
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	9,856
	17	Total expenses. Add lines 10 through 16	17	9,976
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,054
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	18,565
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	17,511	

JUN 21 2012
 SCANNED
 Net Assets

RECEIVED
 MAY 21 2012
 OGDEN, UT

95
 23

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	12,965	22	11,911
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	5,600	24	5,600
25 Total assets	18,565	25	17,511
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,565	27	17,511

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Schedule O

(Grants \$) If this amount includes foreign grants, check here

28a

7,209

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

7,209

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(a) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BILL COOPER 7901 DEBBS AVE CA 93308	BAKERSFIELD PRESIDENT 20.00	0	0	0
RICH O'NEIL 208 LOS NIETOS CT CA 93309	BAKERSFIELD VICE PRES 20.00	0	0	0
ANDREW HONIG 131 PASO TIEMPO CA 93305	BAKERSFIELD DIRECTOR 5.00	0	0	0
GREGORY IGER 211 H STREET CA 93304	BAKERSFIELD DIRECTOR 5.00	0	0	0
PHIL SHEPARD 13709 TABLE ROCK AVE CA 93314	BAKERSFIELD DIRECTOR 5.00	0	0	0
LAUREN FRANCONI 804 BOCA DEL RIO CA 93314	BAKERSFIELD DIRECTOR 5.00	0	0	0
JARADA SHEPARD 13709 TABLE ROCK AVE CA 93314	BAKERSFIELD SEC/TREAS 10.00	0	0	0
JOHN OHE 3401 DOVEWOOD ST CA 93309	BAKERSFIELD DIRECTOR 5.00	0	0	0
SASHA HONIG 131 PASA TIEMPO DR. CA 93305	BAKERSFIELD DIRECTOR 5.00	0	0	0
KENNY BEAL 1201 24TH STREET CA 93301	BAKERSFIELD DIRECTOR 5.00	0	0	0
TENIELLE COOPER 3018 SPRUCE STREET CA 93301	BAKERSFIELD DIRECTOR 5.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations Enter: ▶ 39a		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ▶ 40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ▶ 40e		X
41	List the states with which a copy of this return is filed ▶ CA		
42a	The organization's books are in care of ▶ BILL COOPER Telephone no ▶ 661-837-4216 PO BOX 1602 Located at ▶ BAKERSFIELD CA ZIP + 4 ▶ 93302		
b	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ _____		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ▶ 44d		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

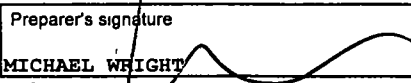
d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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 Date

BILL COOPER **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only

Pnnt/Type preparer's name MICHAEL WRIGHT	Preparer's signature 	Date 05/11/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00055185
Firm's name ▶ MICHAEL WRIGHT, CPA	Firm's EIN ▶ 26-1253717		Phone no 661-716-1163	
Firm's address ▶ 5001 CALIFORNIA AVE STE 212 BAKERSFIELD, CA 93309-1658				

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

KERN RIVER FOUNDATIONEmployer identification number
95-3842364**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
OFFICE EXPENSES	\$ 434
INSURANCE	\$ 2,687
PROGRAM SERVICES	\$ 3,826
SPECIAL PROJECTS/FUND RAI	\$ 2,625
MISC	\$ 63
TAX	\$ 10
BANK CHARGES	\$ 12
RECONCILING	\$ 199
Total	\$ 9,856

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
SURRY BICYCLE	\$ 2,520	\$ 2,520
KIOSK	\$ 3,080	\$ 3,080
Total	\$ 5,600	\$ 5,600

Form 990-EZ, Part III - Primary Exempt Purpose

THE ORGANIZATION WAS FORMED TO WORK WITH THE LOCAL COMMUNITY IN PROVIDING ENVIRONMENTAL AND ECOLOGICAL SERVICES TO THE KERN RIVER AND THE KERN RIVER PARKWAY INCLUDING TREE PLANTING, IRRIGATION, REFUSE PICK UP AND DISPOSAL, IMPROVING AND MAINTAINING THE BIKE TRAIL ALONG THE KERN RIVER AND OTHER SERVICES THAT MAY BE REQUIRED FROM TIME TO TIME.

Name of the organization

KERN RIVER FOUNDATION

Employer identification number

95-3842364

Form 990-EZ, Part III, Line 28 - First Achievement

THE ORGANIZATION WAS FORMED TO WORK WITH THE LOCAL COMMUNITY IN PROVIDING ENVIRONMENTAL AND ECOLOGICAL SERVICES TO THE KERN RIVER AND THE KERN RIVER PARKWAY INCLUDING TREE PLANTING, IRRIGATION, REFUSE PICK UP AND DISPOSAL, IMPROVING AND MAINTAINING THE BIKE TRAIL ALONG THE KERN RIVER AND OTHER SERVICES THAT MAY BE REQUIRED FROM TIME TO TIME.