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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and	ending		
B c	heck if	C Name of organization		D Employer identific	cation number
	Addre	KERN COMMUNITY FOUNDATION			
	Name chang Initial		1		555874
E	return Termin ated	Number and street (or P.0. box if mail is not delivered to street address) 3 3 0 0 TRUXTUN AVENUE	Room/suite 220		r 325-5346
	Amend	Crty or town, state or country, and ZIP + 4		G Gross receipts \$	6,649,891.
	Applic	DAKEROFIEDD, CA JJJ01		H(a) Is this a group re	
	pendir	F Name and address of principal officer: JEFFREY R. PICKERI 3300 TRUXTUN AVE., STE. 220, BAKERSFIE	NG LD, C	for affiliates? A H(b) Are all affiliates inc	Yes X No
$\overline{\Box}$	ах-өхө	empt status: X 501(c)(3)			list. (see instructions)
		e: WWW.KERNFOUNDATION.ORG		H(c) Group exemptio	
KF	orm of	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: CA
	art I	Summary			
_	1	Bnefly describe the organization's mission or most significant activities: KERN	COMM	JNITY FOUNDA	TION'S
Activities & Governance		MISSION IS GROWING COMMUNITY AND GROWING	PHIL	ANTHROPY.	
ř	2	Check this box I if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	ssets
Ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	. 3
Ž	6	Total number of volunteers (estimate if necessary)		6	0
کن کور		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	ь	Net unrelated business taxable income from Form 990-T, line 34			
WW. Revenue AUG			ļ	Prior Year 1,215,974.	Current Year 4,278,254.
re ⁷		Contributions and grants (Part VIII, line 1h)	<u> </u>	$\frac{1,215,974.}{3}$	208,809.
_	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) RECEIV		163,775.	88,451.
E					00,431.
<u></u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10cyand 11e)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	, i	4,575,514.
2 (1 2 (1		Total revenue - add lines 8 through 11 (must equal Part VIII columni(A), line (2), Grants and similar amounts paid (Part IX, column (A), lines (3)	612 C		1,083,879.
<u>3</u> 3		Benefits paid to or for members (Part IX, column (A), line 4)			0.
	15	Salaries, other compensation, employee benefits (Part IX, column A), lines 5/10		232,325.	282,879.
Se	,	Professional fundraising fees (Part IX, column (A), line 11e)		٠ 0 .	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 70, 6	66.		
Ä	1	Other expenses (Part IX, colunn (A), lines 11a-11d, 11f-24e)	-	358,282.	476,323.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,625,940.	1,843,081.
	ı	Revenue less expenses Subtract line 18 from line 12	<u> </u>	<109,840.	> 2,732,433.
Ses	1		В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		13,537,614.	13,063,541.
ASS	21	Total liabilities (Part X, line 26)		5,683,096.	
Net Assets Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20		7,854,518.	10,338,695.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedul			ly knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepare	er has any knowledge.	
		MA SOLVENIE		Date	1/12
Sig	n	Signature of Officer		O Coale	•
Her	е	JEFFREY R. PICKERING, CEO Type or print name and title		1	
				Date Check	PTIN
Paid	4	Print/Type preparer's name Preparer's signature MARTIN GONI	oni 1	8/7/12 sett-employ	 }∤
	parer	Firm's name DANIELLS PHILLIPS VAUGHAN & BOO		Firm's EIN	95-2972229
	Only	Firm's address 300 NEW STINE ROAD		7,1111 0 2.111	
	J,	BAKERSFIELD, CA 93309		Phone no. 6	61-834-7411
Max	the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
	0: 01-2		ions.		Form 990 (2011)



	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	KERN COMMUNITY FOUNDATION'S MISSION IS GROWING COMMUNITY AND GROWING
	PHILANTHROPY.
2	Did the organization undertake any significant program services during the year which were not listed on the program 990 or 990-E7?
	the pnor 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?
	If "Yes," describe these changes on Schedule O.
ļ	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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
la	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 1,366,551. including grants of \$ 1,083,879.) (Revenue \$ 140,13)
	KERN COMMUNITY FOUNDATION IS A HOME FOR LOCAL PHILANTHROPISTS. WITH
	MORE THAN 100 NAMED FUNDS, THE FOUNDATION HELPS DONORS TO ORGANIZE A
	TO ACHIEVE MEANINGFUL RESULTS FROM THEIR CHARITABLE GIVING. THE
	FOUNDATION IS A RESULTS-ORIENTED GRANTMAKER. WITH MORE THAN \$1.2 MILLION IN GRANTS IN 2011, THE FOUNDATION GENERATES CAPITAL TO SUPPORT
	KERN COUNTY'S MOST NEEDED SOCIAL PROGRAMS WHILE HELPING TO IMPROVE TI
	PERFORMANCE OF VITAL NONPROFIT ORGANIZATIONS IN OUR COMMUNITY. THE
	FOUNDATION IS A TRUSTED COMMUNITY LEADER. EXAMPLES OF THE FOUNDATION
	LEADERSHIP INCLUDE INITIATIVES SUCH AS THE WOMEN'S AND GIRLS' FUND, '
	DEVELOPMENT OF A 21ST CENTURY PHILANTHROPY TOOL SUCH AS AN ONLINE
	NONPROFIT SEARCH, AND THE INTRODUCTION OF AN INNOVATIVE PRODUCT SUCH
lb	THE CHARITABLE GIVING CARD. (Code) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code) (Expenses \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
ld	(Expenses \$ including grants of \$) (Revenue \$)
ld	1 266 551
	Total program service expenses ► 1,366,551.
4d 4e 32002 2-09-	Total program service expenses ► 1,366,551. Form 990

Form 990 (2011) KERN COMMUNI
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		X
_	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8	i	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		v	
	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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		х
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	1.0		\vdash
•	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, XII, and XIII	12a	Х	
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, XII, and XIII is optional	12b		X
13	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	l		.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4=		x
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	├─-	 ^
16	located outside the United States? 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,	انٽ	\vdash	
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Ħ <u>¨</u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990 (2011)

	990 (2011) KERN COMMUNITY FOUNDATION 77 - 055	20/4	<u>P</u>	age (
Pai	try Checklist of Required Schedules (continued)	<u>-</u> T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		163	"
••	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	, -		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	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	1		
	Schedule J	23	<u> </u>	X
4a:	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			l
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		l	
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ļ		
	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			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱.,
	Schedule L, Part I	25b		X
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualifie			۱ ,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			۔ ا
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		1	x
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>^</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000	х	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	X	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		┼
Ю	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
	contributions? If "Yes," complete Schedule M	-30	 	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ĺ	x
_	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		 	+==
2	Schedule N, Part II	32	ł	x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	<u> </u>	╁
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		l x
4	Was the organization related to any tax-exempt or taxable entity?	1-3-	†	
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		TX
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	1332	\dagger	T
U	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	_		
26				X
6		36	1	
	If "Yes," complete Schedule R, Part V, line 2	36		\Box
36 37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		х
	If "Yes," complete Schedule R, Part V, line 2			x

Par						
	Check if Schedule O contains a response to any question in this Part V					<u> </u>
			1.01		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b_	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?		1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2			ĺ
	filed for the calendar year ending with or within the year covered by this return	_2a			х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	S)		0-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4-		х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt) ?	4a		
b	If "Yes," enter the name of the foreign country:	A				
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nis.	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	notion?	,	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file. Form 9886 T2	actions	•	5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora:	anization solicit	50		
oa	any contributions that were not tax deductible?	ne orga	ariization solicit	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or aifts			
U	were not tax deductible?		g	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas req	juired			
-	to file Form 8282?	·		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		Ь—
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				ŀ	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any tim	ne during the year?	8	<u> </u>	X
9	Sponsoring organizations maintaining donor advised funds.					7,
а	Did the organization make any taxable distributions under section 4966?		1	9a_	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1	ŀ		ŀ	
	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>	1	İ	ĺ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter:	11a	1			
	Gross income from members or shareholders	1114		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>	1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1		
_	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c		L		<u> </u>
	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 in Schedu	le O		14b		
				Form	990	(2011)

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 in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI				_	X							
Sec	tion A. Governing Body and Management												
				Y	es	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	a	16										
	If there are material differences in voting rights among members of the governing body, or if the governing			- [- 1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	Enter the number of voting members included in line 1a, above, who are independent	b	15	-									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th any other		- 1	ļ								
	officer, director, trustee, or key employee?		2	:		X							
3	Did the organization delegate control over management duties customarily performed by or under the di	rect supervision											
	of officers, directors, or trustees, or key employees to a management company or other person?		з	L		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		X								
5													
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo	int one or											
	more members of the governing body?		78	a 📙		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc	kholders, or											
	persons other than the governing body?		71	ь		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following:		Т									
а	The governing body?		8:	a 📗	X								
b	Each committee with authority to act on behalf of the governing body?		81	ь	ΧŢ								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ed at the											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		g)		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code)											
				Y	es	No							
10a	Did the organization have local chapters, branches, or affiliates?		10)a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap-	ters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	ь									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	efore filing the fom	ı? 1 1	la	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	2a :	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to disclose annually interests that could give rise to disclose annually interests that could give rise to disclose annually interests.	conflicts?	12	eb .	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	' descnbe											
	ın Schedule O how this was done		12	2c	X								
13	Did the organization have a written whistleblower policy?		1:	3	X								
14	Did the organization have a written document retention and destruction policy?		1	4	X								
15	Did the process for determining compensation of the following persons include a review and approval by	y independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				ŀ								
а	The organization's CEO, Executive Director, or top management official		15	ia 🗀	X								
	Other officers or key employees of the organization		15	bb	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a											
	taxable entity during the year?		16	ia		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate if	s participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ition's	ļ	- 1									
	exempt status with respect to such arrangements?		16	ь									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ▶CA												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, 990, 990, 990, 990, 990, 990, 99	ection 501(c)(3)s o	nly) avai	lable									
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website Another's website X Upon request												
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	ct of interest polic	y, and fi	nanci	al								
	statements available to the public during the tax year.	•											
20	State the name, physical address, and telephone number of the person who possesses the books and it	records of the orga	nization): >									
	DANETTE RINEHART - 661-325-5346												
	3300 TRUXTUN AVE, STE. 220, BAKERSFIELD, CA 93301												
T32000	32		Fo	rm 9	90 (2011)							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustec, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	box	not c , unle	ss per	tion more	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer	_	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) VIPUL R. DEV										
DIRECTOR	1.00	Х				_		0.	0.	0 .
(2) ANGELO HADDAD	1					ļ	l			•
DIRECTOR	1.00	X	_			 	ļ	0.	0.	0
(3) SUSAN L. HEMME	1 1 00						1	0.	0.	0.
DIRECTOR (4) DUANE KEATHLEY	1.00	X	-		_		-	0.	<u> </u>	
DIRECTOR	1.00	x					ĺ	0.	- 0.	0.
(5) BRYAN L. LYNN	1.00	^	-	_		-		0.		
DIRECTOR	1.00	x					l	0.	0.	0.
(6) JUDITH MCCARTHY	1.00		\vdash	\vdash		\vdash	\vdash	<u> </u>		
DIRECTOR	1.00	x				l	ĺ	0.	0.	0.
(7) NANCY L. OEHLER		-								
DIRECTOR	1.00	Х						0.	0.	0 .
(8) MICHAEL OLAGUE										
DIRECTOR	1.00	Х						0.	0.	0
(9) C. JEANETTE ROGERS-ERICKSON		Γ					1			
DIRECTOR	1.00	X				ļ	L	0.	- 0.	0
(10) VINCENT ROJAS JR	1	١				ł			_	
DIRECTOR	1.00	X	ļ	<u> </u>		<u> </u>	ļ	0.	0.	0
(11) BRENT RUSH	1 00	,,						0.	0.	0 .
DIRECTOR (12) KEITH T. BRICE	1.00	X	⊢			┢	├	0.	0.	<u> </u>
(12) KEITH T. BRICE CHAIRMAN	1.00	x		x	İ			0.	0.	0
(13) STEPHEN BOYLE	1.00	^	⊢	_	_	-	-	- 0.		
VICE-CHAIR	1.00	x		x				0.	0.	0.
(14) STEPHEN L. SANDERS	1.00	<u> </u>	├─	<u> </u>		<u> </u>	⊢			
SECRETARY	1.00	X		х				0.	0.	0.
(15) EUGENE J. VOILAND	 	† 	t^-	ᢡ		T	\vdash			-
TREASURER	1.00	х	1	x				0.	0.	0
(16) JEFFREY R. PICKERING										
PRESIDENT & CEO	40.00	Х	L	X		L		125,582.	0.	0
					Г		T			l

Form 990 (2011)

Part VII Section A. Officers, Directors		npic	oyee			nıgn	est			ı		<u></u>	
(A)	(B) Average				C) ition	1		(D)	(E)			(F)	
Name and title	hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			mated ount of	
	week					or/trus		from	from related	'		ther	
	(describe	ě						the	organizations		comp		on
	hours for	direc				E		organization	(W·2/1099·MIS0	D)	•	m the	
	related	tee or	ustee			ensat		(W-2/1099-MISC)		l	orga	nizatio	n
	organizations	trus	nal tr		oyee	dE a						related	
	ın Schedule O)	Individual trustee or director	Institutional trustee	Officer	emp	Highest compensated employee	F ormer				organ	ization	ıs
 	- 0,	르	Ĕ.	통	, Ke	돌	ᅙ			_			
									-				
	- 				_	 	_						
<u> </u>				_		╙				_			
		⊢	<u> </u>	_		-				\dashv			_
			İ										
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				L									
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=		\vdash		 	-					\neg			_
				<u> </u>		Ļ		125 502		0.			0
1b Sub-total								125,582.		0. 1			0
c Total from continuation sheets to Pa	rt VII, Section A							125,582.		0. 1			0
d Total (add lines 1b and 1c) Total number of individuals (including b	und model liments of the Atla		liote		box	<u>م</u>					-		-
compensation from the organization		1036	i iiSte	su a	DOV	e, wi	10 11	eceived more than \$ 100	,000 or reportable	•			
												Yes	No
3 Did the organization list any former off			e, ke	y er	mplo	oyee,	or	highest compensated e	mployee on	- 1			v
line 1a? If "Yes," complete Schedule J											3		X
4 For any individual listed on line 1a, is th	•							·	the organization	ļ			Х
and related organizations greater than									dual for congoon	ŀ	4	\dashv	
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"	•					•	eiai	ed organization or indiv	dual for services		5		x
Section B. Independent Contractors	complete ochedul	00,	0/ 3/	1011	pers	3011							_
1 Complete this table for your five highes	•	-								oens	ation fr	om	
the organization Report compensation (A)		ear	end	ng v	vith	or w	ıthır T	the organization's tax (B)	year		(C)		
Name and busir		N	INC	Ξ			١	Description of s	ervices	С	ompen:		
							_						
											_		
				-									
							\dashv						
Total number of independent contractor	ors (including but r	not li	mıte	d to	tho	se la	stec	above) who received n	nore than				
\$100,000 of compensation from the or	ganization 🕨					0						-00	_
											Form 9	9U (2)	11.

	T VII	Statement of Revel	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	, ,	1a					
95	b	•	1b					1
TA A	C	•	1c		;			
<u> </u>	d		1d					
Siz	e •	All other contributions, gifts, gran	· -					
la et	•	similar amounts not included abo		4278254.				
	g			390,396.				
a S	_	Total. Add lines 1a-1f		<u> </u>	4278254.			
				Business Code			-	
8	2 a	MANAGEMENT FEES	5	541610	208,809.	208,809.		
P S	b							
n S	C							
Real	d				···			
Program Service Revenue	e	All other program converses and		-				
	f g	=	eride		208,809.			
\dashv	3	Investment income (including	ı dıvıdends, inter					
		other similar amounts)	,,	>	157,147.			157,147.
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
ŀ	5	Royalties						<u> </u>
			(ı) Real	(II) Personal				
	6 a							
	ь	•						
	C	, ,	<u> </u>					
	d 7 a	Net rental income or (loss) Gross amount from sales of	(i) Securities					
	7 0	assets other than inventory	2,004,856	(II) Other . 825.				
ļ	ь	Less: cost or other basis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	_	and sales expenses	2,071,549	. 2,828.				
	С	Gain or (loss)		><2,003.	>			
	d	Net gain or (loss)			<68,696.	> <68,69 <u>6</u> .	>	
enne	8 a	Gross income from fundraisin including \$	ng events (not of					
ě		contributions reported on line	1c). See					
Other Rev		Part IV, line 18	а	· L				
ᇊ		Less: direct expenses	b	·[
٦		Net income or (loss) from fund	•		-			
1	9 a	Gross income from gaming a					-	
		Part IV, line 19	a					
		Less direct expenses	b	`L				
		Net income or (loss) from gan Gross sales of inventory, less	•		· · · · · · · · · · · · · · · · · · ·			
	10 a	and allowances	a	.				
	ь	Less: cost of goods sold	- b					
1		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
Γ	11 a							
	b				<u> </u>			
	С							
	d					ļ		
	40 40	Total. Add lines 11a-11d Total revenue. See instructions.			4575514.	140,113.	<u> </u>	157,147.
13200: 01-23-	12	Total Tevenue, See Misu ucuolis.			10,0014.			Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon-	se to any question in thi	s Part IX (B)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and	1 000 050	1 000 000		
	organizations in the United States. See Part IV, line 21	1,083,879.	1,083,879.		
	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	<u></u>			
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	105 500	62 701	47 002	15 600
	trustees, and key employees	125,582.	62,791.	47,093.	15,698
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	124 022	C7 AC1	F0 F0C	16 065
	Other salanes and wages	134,922.	67,461.	50,596.	16,865
	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)		1 004	1 20	
	Other employee benefits	3,648.	1,824.	1,368.	456
	Payroll taxes	18,727.	9,364.	7,023.	2,340
	Fees for services (non-employees):				
	Management	-4-024	2 417	1 012	
	Legal	4,834.	2,417.	1,813.	604
	Accounting	14,922.	7,461.	5,596.	1,865
	Lobbying				
	Professional fundraising services. See Part IV, line 17	100 211		107 211	
	Investment management fees	187,311.	02.060	187,311.	F 765
_	Other	46,124.	23,062.	17,297.	5,765
	Advertising and promotion	32,841.	16,421.	12,315.	4,105
	Office expenses	4,156.	2,078.	1,559.	519
	Information technology	7,650.	3,825.	2,869.	956
	Royalties	40 500	01 007	15 070	E 224
	Occupancy	42,593.	21,297.	15,972.	5,324
	Travel	1,650.	825.	619.	206
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.000		15 000	
	Conferences, conventions, and meetings	42,208.	21,104.	15,828.	5,276
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	6,546.	2 002	6,546.	
	Insurance	7,786.	3,893.	2,920.	973
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			,	
	DUES AND SUBSCRIPTIONS	50,485.	25,242.	18,932.	6,311
	CONTRACT LABOR	8,897.	4,449.	3,336.	1,112
c i	UTILITIES	8,293.	4,146.	3,110.	1,037
d :	EQUIPMENT RENT	2,998.	1,499.	1,124.	375
е /	All other expenses	7,029.	3,513.	2,637.	879
	Total functional expenses. Add lines 1 through 24e	1,843,081.	1,366,551.	405,864.	70,666
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation.	j			
	Check here if following SOP 98-2 (ASC 958-720)			•	

132010 01-23-12

Part X | Balance Sheet (B) (A) Beginning of year End of year 8,309. 10,423. 1 Cash - non-interest-bearing 2,437,373. 2,068,003. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 300,637. 814,732. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 8 Inventories for sale or use 12,169. 18,956. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 69,798. 10a basis. Complete Part VI of Schedule D 42,696. 20,194. 27,102. 10c 10b b Less accumulated depreciation 11 Investments - publicly traded securities 11,121,515. 9,761,742. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 13,537,614. 13,063,541. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 9,564. 7,612. 17 17 Accounts payable and accrued expenses 10,500. 180,000. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D iabilities. Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 5,664,984. 2,535,282. 25 Schedule D 5,683,096. 2,724,846. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 10,338,695. 7,854,518. 27 Unrestricted net assets 28 Temporanty restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 3-1 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 10,338,695. 7,854,518. 33 33 Total net assets or fund balances 13,537,614. 13,063,541. 34 Total liabilities and net assets/fund balances

Form 990 (2011)

Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

		KERN CO	MMUNITY FOUN	DATIO	N				7	7-0555874
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.		
The organ	ization is not a	private foundation l	because it is: (For lines 1	through	11, check	only one b	ox)			
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)			
2 🗀	A school des	cnbed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)						
з 🗔	A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)(A)(iii).			
4 🗀	A medical res	earch organization of	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(iii	i). Enter t	he hospital's name,
	city, and state									
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental und	describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6	•	· -	ent or governmental und							
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	public described in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)							
8 📙	-		ection 170(b)(1)(A)(vi). (
9 📖		•	eives: (1) more than 33 1							
			nctions - subject to certa							
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	atter June 30, 1975.
🖂		509(a)(2). (Complete	•	_4.4		> -	- F00/-V/			
10	•	•	perated exclusively to tes	-	_				, as t tha	numacon of one or
11 📖			perated exclusively for that tions described in section							
			organization and comple				.) See sec	, 11011 303(a	адол. Опе	,
	a Type I	۰۰ ، حــ	7 [*]		e III - Func		egrated		a	Type III - Other
e 🗀			t the organization is not			•	-	r more disc	ualified i	• •
•			han one or more publicly							
f			ten determination from t						(-)(-)	
•	•	ganization, check th				, .,,,	,,			
9	• • •	•	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?	
•			rectly controls, either al							Yes No
			upported organization?	•						11g(i)
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)
h	Provide the fo	ollowing information	about the supported org	ganization	(s).					
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		notify the	(vi) Is organizatio	the	(vii) Amount of
orga	anization		/ discombination and 6		sted in your document?			(i) organiz	ed in the I	support
			above or IRC section		,					
			(see instructions))	Yes	No	Yes	No	Yes	No	
					ŀ					
			<u>-</u> -				_	-		
]	l i	
				<u> </u>						
									 	
				}					,	
				 	-			 	 	· · · · · · · · · · · · · · · · · · ·
			,					1		
				†	1					
Total										
	lanamuark Da	duction Act Nation	see the Instructions f	or				Schedul	e A (For	n 990 or 990-EZ) 2011

132021 01-24-12

Form 990 or 990-EZ.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")	1,726,294.	2,147,719.	1,493,446.	1,215,974.	4,278,254.	10,861,687.
2	Tax revenues levied for the organ-		·				
	ızatıon's benefit and either paid to						
	or expended on its behalf					,	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,726,294.	2,147,719.	1,493,446.	1,215,974.	4,278,254.	10,861,687.
5	The portion of total contributions				i		
	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						10,861,687.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	1,726,294.	2,147,719.	1,493,446.	1,215,974.	4,278,254.	10,861,687.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			4.44 0.00	405 000	4 44-	0.50 -50
	and income from similar sources	246,771.	188,418.	131,999.	136,233.	157,147.	860,568.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain					;	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					,	11,722,255.
	Gross receipts from related activities,					12	792,937.
13	First five years. If the Form 990 is for	*	first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here	roontogo				▶└┈
						14	92.66 %
	Public support percentage for 2011 (oiumn (t))		14	A A A A
	Public support percentage from 2010	-	•		14 10 20 1/00/	15	
ioa	33 1/3% support test - 2011. If the c	=			14 IS 33 1/3% OF I	nore, check this bo	x and ►X
	stop here. The organization qualifies		ŭ		l 15 00 1/00/	au manua abaale th	•
D	33 1/3% support test - 2010. If the c	-			ine 15 is 33 1/3%	or more, check tr	iis dox
170	and stop here. The organization qual	•	• •		12 16a ar 16b	and line 14 is 1004	or more
17a	10% -facts-and-circumstances tes	•					
	and if the organization meets the "fac		•	•	•	t iv now the organ	IIZALIOI I
-	meets the "facts-and-circumstances"	_	•		_	17a and line 15 in	10% or
O	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•		•		, ▶□
12	Organization meets the "facts-and-circ		_	•			
10	Private foundation. If the organization	THE TOT CHECK A	DOVERNMENTS, 10	a, 100, 17a, 0f 1/t		dule A (Form 990	
					Sche	aule v (1.01111 920	5. 350-LL/2011

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complet	te only	ıf yo	ou chec	ked the	e box on	line 9 of F	art I o	r if the c	organizatio	on failed t	o qualify	y under F	Part II	If the or	ganızatıc	n fails to
								•• \								

Se	ction A. Public Support	slow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 200.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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					<u> </u>	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
(Add lines 7∂ and 7b						
8	Public support (Subtract line 7c from fine 6)						
Se	ction B. Total Support				····		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						▶□
	Public support percentage for 2011 (li			column (fl)		15	%
	Public support percentage for 2011 (iii Public support percentage from 2010		•	Column (1))		16	
	ction D. Computation of Inves					110	
	Investment income percentage for 20					17	%
	Investment income percentage from 2	•	• •	110 10, 00101111, (1),		18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	· · · · · · · · · · · · · · · · · · ·	
130	more than 33 1/3%, check this box ar						▶□
,	33 1/3% support tests - 2010. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶ □
	20 04 04 40	. s.cot orioon a		, c, oncor		hedule A (Form 99	20 or 990-F7) 201

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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	KERN COMMUNITY FOUR		77-0555874
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or a	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	46	
2	Aggregate contributions to (during year)	26,613.	
3	Aggregate grants from (during year)	2,204,957.	
4	Aggregate value at end of year	2,521,695.	
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confe	ernng
	impermissible private benefit?		X Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	Yes No
	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation	on cocomonts in its revenue and expense stat	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	non 3 interior statements that describes the c	nga neadon o account g ter
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		•
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	·
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$ > \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gair	
-	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		▶ \$ ▶ \$

Schedule D (Form 990) 2011

132051 01-23-12

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

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation: of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	0 761 740	TWO OF WILL !	A DANIEL TEAT THE
(A) AGENCY ACCOUNT	9,761,742.	END-OF-YEAR M	ARKET VALUE
(B)	<u> </u>		
(C)	<u> </u>		
(D) (E)			
(F)	 		
(G)			
(H)		<u> </u>	
(I)	· · · · · · · · · · · · · · · · · · ·		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	9,761,742.		
Part VIII Investments - Program Related.	See Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value	(c) Meth	od of valuation: of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	<u> </u>		
(10) Total. (Ccl (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
(1)	<u> </u>		
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
(10)			D
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	, 1110 25.	(b) Book value	
(1) Federal income taxes		,-,-	
(2) FUNDS HELD FOR OTHERS		2,521,695.	
(3) ACCRUED PAYROLL LIABILITY	IES	13,587.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			•
(11)	- 05)	2 535 292	
Total. (Column (b) must equal Form 990, Part X, col (B) lin 1. Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote 1. Fin 48 (ASC 740)	e ∠o.) to the organization's financial states	2,535,282.	iny for uncertain tax positions under
132053			Schedule D (Form 990) 2011
01-23-12			Concurs of the contract of the

132054 01-23-12

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2011 Open to Public

,:

Employer identification number Inspection

Schedule I (Form 990) (2011) % ⊠ 77-0555874 (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government (d) Amount of rash grant assistance or government (h) EIN (applicable cash grant assistance or government) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ٥. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ٥. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. KERN COMMUNITY FOUNDATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance critena used to award the grants or assistance? 1 (a) Name and address of organization SEE CLIENT PREPARED SPREADSHEET Name of the organization ATTACHED Part Part |

77-0555874

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int of (d) Amount of non- (e) Method of valuation (f) Description of non-cash assistance ant cash assistance (book, FMV, appraisal, other)			n Part I, line 2, and any other additional information.	OF GRANT FUNDS IS MONITORED BY THE					
(b) Number of (c) Amount of recipients cash grant			the information required in						
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: THE USE	BOARD OF DIRECTORS				

Schedule I (Form 990) (2011)

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open To Public Inspection

Name of the organization

Employer identification number

	RN COMM							7-05	<u> 558/</u>	4	
Part I Excess Benefi	t Transacti	i ons (section	on 501(c)(3	3) and section	n 501(c)(4) organizatio	ons only)	•				
Complete if the org	anization ansi	wered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	0b		
1 (2) Name of de					(h) D	-6 4				(c) Con	rected
(a) Name of di	squaimed per	son			(b) Description	or transa	action			Yes	No
											
2 Enter the amount of tax imp	oosed on the	organization	managers	s or disqualifi	ed persons during the	e vear ur	nder	 		•	
section 4958		·	Ū	•	,	•		▶ \$			
3 Enter the amount of tax, if a	anv. on line 2.	above, reim	bursed by	the organiza	ation			▶ \$			
, , , , , , , , , , , , , , , , , , , ,	,,,		,	and organiza				•			
Part II Loans to and/o	r From Int	erested	Persons	· · · · · · · · · · · · · · · · · · ·						·	
Complete if the ora	anization ansi	wered "Yes"	on Form	990. Part IV.	line 26, or Form 990-l	Z. Part \	V. line 38	Ва.			
(a) Name of interested		to or from		nal principal	(d) Balance due	T) In	(f) Ap	proved	(a) W	/ritten
person and purpose		nızatıon?	an	nount	(a) Balance due		ault?	comn	oard or nittee?	agree	
	То	From	1			Yes	No	Yes	No	Yes	No
-	 	110	†			1	1	1 33	 	 	<u> </u>
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		<u></u>	<u> </u>				<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>
_{tal} Part III ∣ Grants or Assi	otomoo Boi	a ofitime I	-too-to	▶ \$		<u> </u>		<u> </u>			
		_									
Complete if the org		wered "Yes"									
(a) Name of interested	person		(b) Relati		een interested person ganization	and			nount an assistar		f
									assistai		
					 -						
									_		
								_			
A For Paperwork Reduction	n Act Notice	see the Ins	tructions	for Form 99	0 or 990-EZ.	9	Schedul	e L (For	m 990 c	r 990-E	Z) 20
								1			-,

SCHEDULE M (Form 990)

Noncash Contributions

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KERN COMMUNITY FOUNDATION

Employer identification number 77-0555874

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribute amounts reported Form 990, Part VIII, lir	on noncash contrib	leterminii	-	
1	Art - Works of art		nems contributed	Poriti 990, Part Viir, iii	1 0 19			
2	Art - Historical treasures	-	1				_	
3	Art - Fractional interests		-					
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes	-						
8	Intellectual property							
9	Securities - Publicly traded	X	3	390,39	6. FAIR MARKE	T VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests					•		
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()				- ,			
26								
27	Other ()							
28	Other (J	L					
29	Number of Forms 8283 received by the organ		-					
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 25	9	- т	V	- N-
					00 16 14 4 111 114 6 11	\vdash	Yes	No
30a	During the year, did the organization receive b	-	• • • •	•				ĺ
	at least three years from the date of the initial	contribution	i, and which is not	required to be used to	r exempt purposes for	200		x
	the entire holding period?					30a		 -
	If "Yes," describe the arrangement in Part II.		en en une en ten en un un un un un un un un un un un un un	af any age at and and a	ontributions?	31	х	
31	Does the organization have a gift acceptance		•					
s∠a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell no	i i casi i	323		x
L	contributions?					1023		 -
	If "Yes," describe in Part II. If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is checked			ĺ
33	describe in Part II.	r Column (C)	ioi a type oi piope	aty for writer column (a) is checked,	1		ĺ
	UESCHOU III FAIL II.							

Schedule M (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

C 1 5 1 1 1

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** KERN COMMUNITY FOUNDATION 77-0555874 FORM 990, PART VI, SECTION A, LINE 4: IN JANUARY 2011, THE FOUNDATION'S BOARD OF DIRECTORS APPROVED AMENDED AND RESTATED BYLAWS. FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION'S BOARD OF DIRECTORS REVIEW THE 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 US" SECTION AT THE "FINANCIAL OVERVIEW" TAB. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -248,257. 1. ROUNDING TOTAL TO FORM 990, PART XI, LINE 5 -248,256. FORM 990, PAGE 12, PART XII, LINE 2C THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) (2011)

Grant Report										
	ADDRESS 1	ADDRESS 2	ĊŢ.	STATE	diž		GRANT DATE	GRANT AMOUNT		
		P O Box 110	Mount Vernon	≸ ;	22121	54-0564701	12/5/2011	_		
20110127 Carationa International Ministries	1115 E Grand Ave		Santa Barbara	5 8	93103	54-2071912	5/16/2011	0,1	1,000 00 GEN	
_	PO 80x 264		Bidopraet	3 8	93420	61-1620622	3/10/2011	,		
	PO Box 264		Ridnecrest	5 5	93556	61-1539533	4/2/2011	" -	STAN OF OF	
	P O Box 29		Lee Vining	5 5	93541	77-0051124	3/22/2011	2	100 00 GEN	
_	P O Box 29		Lee Vining	క	93541	77-0051124	12/5/2011	•	100 00 GEN	
	1326 30th Street		Bakersfield	క	93301	77-0084637	11/22/2011	10,01		
	1326 30th Street		Bakersfield	3	93301	77-0084637	1/19/2011	\$ <u>'</u>		
20110100 Goden Empire Gleaners	1326 30th Street		Bakerstield	క క	93301	77-0084637	7/20/2011			
	1326 30th Street		Bakersiield	5 8	93301	77-0084637	10/2/2011	•	25 85 SOCS	
	1326 30th Street		Rakersfield	5 8	93301	77-0084637	10/25/2011	- 6		
	1326 30th Street		Bakersheld	5 5	93301	77-0084637	10/25/2011	•	23.75 SOCS	
	1326 30th Street		Bakersfield	ర	93301	77-0084637	11/9/2011	N		
	1326 30th Street		Bakersfield	ర	93301	77-0084637	12/1/2011			
	1326 30th Street		Bakersfield	క	93301	77-0084637	12/1/2011	2		
	1326 30th Street		Bakersfield	S.	93301	77-0084637	12/2//2011	N		
	P O Box 40972		Bakersfield	8 8	93384	77-0105851	1/20/2011		550 00 GEN	
20110352 The Plank Foundation	1400 Easion Drive #107		Bakorefield	5 8	93309	77-0114147	3/2/2011	- 0	100 00 GEN	
	1400 Easton Drive #107		Bakorefield	5 8	90009	77-0114147	103/1201	2 6		
	12775 Stockdale Highway		Bakersheld	5 5	93314	77-0121197	1102011	מים מים	5,000 00 GEN	
	1930 B Street		Bakersfield	5 5	93301-4815	77-0125694	2/8/2011	10.01		
	1930 R Street		Bakersfield	8	93301-4815	77-0125694	8/30/2011	5.	1,000 00 MUSE	
	1930 R Street		Bakersfield	ક	93301-4815	77-0125694	10/31/2011	5,0		
	1930 R Street		Bakersfield	ð	93301-4815	77-0125694	3/24/2011	6,3	6,360 00 MUSE	
	1930 R Street		Bakersfield	క :	93301-4815	77-0125694	4/19/2011	4,1	31 25 MUSE	
20110042 Bakersiteid Museum of Art	1930 R Street		Bakersfield	გ გ	93301-4815	77-0125694	3/22/2011	0,01	00 00 MUSE	
20110100 Bakersiield Museum of An 20110200 Merry Equipation - Bakersfield	1930 H Street Friends of Morry Foundation	P.O. Box 110	BakerStield	5 5	93301-4815	77-0125694	4/27/2011	0,1	1,000 00 MUSE	
	P.O. Box 768	•	Bakersheld	5 5	93302	77-020136	5/16/2011	0.61	SO OF SEN	
	3628 Stockdale Hwy		Bakersfield	5 5	93309	77-0249408	3/23/2011	30.0	00 00 SOCS	
	815 West Market Street #5		Salinas	క	93901	77-0270228	1/4/2011	-	100 00 SOCS	
	815 West Market Street #5		Salinas	5	93901	77-0270228	12/5/2011	-		
	500 French Avenue		Ridgecrest	క	93555-3832	77-0305579	4/19/2011	1,5		
20110118 B Mountain Foundation Inc	500 French Avenue		Ridgecrest	క క	93555-3832	77-0305579	4/27/2011	0,1	1,000 00 ARTS	
2011003 bakerslied Civic Dance Company 20110115 Bakersfield Civic Dance Company	PO Box 41344		Bakersheid	3 8	93384	77-0335633	1102/2014		SOUC ARIS	
	2000 24th Street, Suite 130		Bakersfield	5 5	93301-3834	77-0344298	8/30/2011	~		
	2000 24th Street, Surte 130		Bakersfield	క	93301-3834	77-0344298	10/31/2011			
	2000 24th Street, Suite 130		Bakersfield	ర	93301-3834	77-0344298	9/12/2011		25 65 SOCS	
	2000 24th Street, Suite 130		Bakersfield	క	93301-3834	77-0344298	10/25/2011			
	2000 24th Street, Suite 130		Bakersfield	క :	93301-3834	77-0344298	10/25/2011			
20110294 Court Appointed Special Advocates of Kern County (CASA)	2000 24th Street Suite 130		Bakersheid	5 5	93301	77-0344298	11/2/1/2011	ה ·	500 00 GEN	
	1631 30th Street		Bakersfield	క క	93301-1907	77-0384453	11/22/2011	0.9		
	10500 Affred Harrell Hwy		Bakersfleld	ర	93306	77-0420446	5/4/2011	0,1	1,000 00 ENVR	
	10500 Alfred Harrell Hwy		Bakersfield	5	93306	77-0420446	6/20/2011	0,1	O OO ENVR	
20110180 Kem River Valley Hevitalization, Inc. 20110179 Carden Pathwave Inc.	P O Box 2692		Lake Isabella Bakonfield	5 8	93240-2692	77-043/023	1/05/2011	Z, C	D DO ENVH	
	900 22nd Street		Bakersfield	క్రక	93301	77-0442212	10/25/2011	2.5	2.500 00 SOCS	
_	900 22nd Street		Bakersfield	8	93301	77-0442212	4/26/2011	0,5	5,000 00 SOCS	
	900 22nd Street		Bakersfield	გ:	93301	77-0442212	6/1/2011	= '		
2011021/ Garden Pathways, Inc.	900 22nd Street		Bakersheld	5 8	93301	77-0442212	9/12/2011		25 65 SOCS	
	900 22nd Street		Bakersfield	క క	93301	77-0442212	10/25/2011		23.75 SOCS	
	900 22nd Street		Bakersfield	ð	93301	77-0442212	12/1/2011			
	PMB 400 - 785 Tucker Road, Suite G		Tehachapi	ర	93561-2523	77-0489232	4/19/2011	1,2		
	Tucker Road, Suite		Tehachapi	₹ მ	93561-2523	77-0489232	4/27/2011	Đ.		
20110121 Pewier Prougn Players, inc. 20110182 South Fork School and Community Foundation	P.O. Box 494		Cambra	5 5	93428	77-0508727	5/4/2011	N 6		
	P O Box 1006		Weldon	5 5	93283	77-0509303	11/17/2011	5 17	500 00 GEN	
	Missions Base Prayer Room	709 N Curryer B-2	Santa Mana	i .	93458	77-0527812	5/16/2011	2,99		
20110061 Habitat for Humanity of Indian Wells Valley	P O Box 2134		Ridgecrest	8	93555	77-0538832	3/22/2011			
20110/15 Spought theatre	1622 19th Street		Bakersfield	8 5	93301	77-0543866	4/19/2011	8.3	1,000 00 ARTS	
	P O Box 1249		Cake Isabella	5 8	93301	77-0548211	8/4/2011	5 2		
20110119 Kem Economic Development Foundation, Inc	2700 "M" Street, Suite 200		Bakersfield	ક	93301	80-0188846	4/27/2011	0,01	10,000 00 GEN	

Grant Report										
	ADDRESS 1	ADDRESS 2	CITY	STATE	diZ	TAX_ID	GRANT DATE	GRANT AMOUNT		GRANT PURPOSE
	P O Box 1929		Frazier Park	ర	93225	80-0516825	4/19/2011		972 50	_
	P O Box 1929		Frazier Park	8	93225	80-0516825	3/22/2011	-	0,000 GEN	_
	P O Box 1929		Frazier Park	5	93225	80-0516825	1102//2011		1,000 00 GEN	_
	P O Box 405		Beatty	ş	89003	91-2069830	12/5/2011			_
	1706 Chester Avenue #200		Bakersfield	8	93301-5200	93-1088003	11/22/2011	-	5,000 00 HLTH	_
_	1377 West Shaw Avenue		Fresno	ð	93711	94-6000662	6/20/2011		50 00 GEN	_
	Gifts Administration	One Shields Avenue	Davis	S.	95616	94-6081352	5/4/2011			_
20110088 Bakerslield Community Theatre	PO Box 1283		Bakersfield	క 8	93302	95-1826902	4/19/2011		990 50 THTR	cc 1
2011041 Bakersfeld Commission Thesis	70 50x 1283		Dakersileid	5 8	33302	95-1826902	1102/22/2		HI 00010',	Ι.
	PO Box 1283		Bakerslield	5 5	93302	95-1626902	4/2//2011 1/2017		THT 00 50	ra
	PO Box 1283		Bakersfield	5 5	93302	95-1826902	6/7/2011		THT 00.25	c 02
	PO Box 1283		Bakersfield	ర	93302	95-1826902	7/20/2011		23 75 THT	: cc
20110221 Bakersfield Community Theatre	PO Box 1283		Bakersfield	. გ	93302	95-1826902	9/12/2011		47 50 THT	Œ
20110238 Bakersfield Community Theatre	PO Box 1283		Bakersfield	ð	93302	95-1826902	10/18/2011		23 75 THT	œ
	PO Box 1283		Bakersfield	ð	93302	95-1826902	12/1/2011		23 75 THT	œ
	PO Box 1283		Bakersfield	გ;	93302	95-1826902	12/2/72011		23 75 THT	Œ
	P O Box 2222		Bakersfield	ర స	93303-2222	95-1890705	10/31/2011			
20110134 Junior League Bakersileid	2000 Gibeon Street		Bakersheld	5 8	93302	95-1981986	5/20/2011		500 00 GEN	
	100 F Las Flores Avenue		Ridoecrest	5 5	93555-3654	95-2232881	119/2017	-		Į.
	100 E Las Flores Avenue		Ridgecrest	8	93555-3654	95-2232881	5/4/2011			ıΨ
	100 E Las Flores Avenue		Ridgecrest	క	93555-3654	95-2232881	3/22/2011	-	9,850 00 MUSE	'n
	100 E Las Flores Avenue		Ridgecrest	క :	93555-3654	95-2232881	4/27/2011			ш.
20110210 United Way of Kem County Inc	5405 Stockdale Hwy, Suite 200		Bakersfield	5 8	93309	95-2274560	8/30/2011		750 00 GEN	_ 6
	801 Nijes Street Bin 5.1		Bakersfield	5 5	93302	95-2402700	1100/00			0 E
	801 Miles Street, Birt 5.1		Bakerefield	5 5	93365	95-2462246 05-2462246	5/4/2011			- E
	801 Niles Street, Bin 5J		Bakersfield	5 5	93385	95-2462246	2/4/2011		24 13 YOUT	
	801 Niles Street, Bin 5J		Bakersfield	ర	93385	95-2462246	11/22/2011	=		
	P O Box 1988		Ridgecrest	క	93556-1988	95-2549022	1/18/2011			S
	P O Box 1988		Ridgecrest	క	93556-1988	95-2549022	2/4/2011		200 00 ARTS	S
	P O Box 1988		Ridgecrest	გ	93556-1988	95-2549022	4/19/2011			vo u
20110116 Desert Community Orchestra Association	P.O. Box 1988		Ridnecrest	5 5	93330-1988	95-25-9022	402/2011	•	4,000 00 ARTS	n u
	P O Box 1988		Ridoecrest	5 5	93556-1988	95-2549022	1/20/2011			o or
	P O Box 1988		Ridgecrest	8	93556-1988	95-2549022	10/25/2011			
20110209 Betharry Services	Bakersfield Homeless Center	1600 E Truxtun Avenue	Bakersfield	క	93305	95-2858936	8/30/2011			s
	Bakersfield Homeless Center	1600 E Truxtun Avenue	Bakersfield	g.	93305	95-2858936	10/31/2011	-		S
	1600 East Truxtun Avenue		Bakersfield	გ :	93305	95-2858936	9/12/2011			
20110249 Bethany Services doa Bakersheid Homeless Center 2011025 Batham Course dto Bakomfold Homelogs Conto	1600 East Truxtun Avenue		Bakersheld	8 8	93305	95-2858936	10/25/2011		23 75 GEN	
	1600 East Truxtun Avenue		Bakersfield	5 5	93305	95-2858936	12/1/2011			
	Bakersfield Homeless Center	1600 E Truxtun Avenue	Bakersfield	8	93305	95-2858936	12/9/2011			S
	P O Box 588		Kernville	8	93238-0588	95-3082127	4/19/2011			(A)
	P O Box 588		Kerrville	ð	93238-0588	95-3082127	3/22/2011	.,		so.
	P O Box 588		Kernville	₹ 8	93238-0588	95-3082127	4/27/2011	- 1		ı,
20110052 Arts Council of Nem	2000 K Street #110		Bakersneid	5 5	93301	95-308802	1105/21/2	π è	50,000 00 ARTS	n 4
20110072 Arts Council of Kem	2000 K Street #110		Bakersfield	5 5	93301	95-3098602	4/19/2011	8		n cn
	2000 K Street #110		Bakersfield	క	93301	95-3098602	3/22/2011	¥	10,000 00 ARTS	σ.
	2000 K Street #110		Bakersfield	გ:	93301	95-3098602	4/27/2011	i	841 25 ART	co ·
20110165 Bakersiteld Honald McDonald House 20110782 Tehschen Hedison Leading	Bakersheld Memonal Hospital	420 34m Street	Bakersheid Tobachani	5 5	93301	95-3167869	1102/02//	ž.	H.H. 60000	_
_	420 34th Street		Bakersfield	క క	93301	95-3555043	8/30/2011		500 00 HLTH	_
	333 S Salinas Street		Santa Barbara	ర	93103	95-3674624	4/26/2011	u ,	5,000 00 GEN	
	P O Box 651		Kernville	5	93238-0651	95-3702689	4/19/2011			
20110107 Kem River Valley Historical Society	P O Box 651	and of the course of the beauty	Kemville	5 8	93238-0651	95-3702689	4/27/2011			
2011009 National Christian Fellowship	PMB #240	4492 Camino de la Plaza	San Yeldro	5 8	92173-3097	95-3800007	1/20/2011		2000 2000 2000 2000 2000 2000 2000 200	
	PMB #240	4492 Camino de la Plaza	San Ysidro	క క	92173-3097	95-3866667	7/25/2011			
	PMB #240	4492 Camino de la Plaza	San Ysidro	క	92173-3097	95-3866667	10/25/2011	•	1,500 00 GEN	
	P O Box 3984		Wofford Heights	₹	93285	95-4548303	4/19/2011	-		"
20110135 Rem River Tubatulabal Palute Council 20110035 Rakerstield Symphony Ombestra Inc	P O Box 3984		Wofford Heights	క :	93285	95-4548303	4/27/2011			•
	1328 34th Street		Bakersfield	క క	93301	95-6001765	2/21/2011	., -	5,000 00 ARTS	
	1328 34th Street		Bakersfield	క	93301	95-6001765	5/20/2011	. 01		
	1328 34th Street		Bakersfield	ð	93301	95-6001765	8/30/2011	•		
20110259 Bakersfleld Symphony Orchestra Inc	1328 34th Street		Bakersfield	క	93301	95-6001765	10/31/2011	L ,	5,000 00 ARTS	

Karn Community Foundation EIN 77-055874 2011 Form 990 Attachment to Schedule I Granl Report

20110086 Bal 20110047 Bal 20110103 Bal 20110239 Kel 20110090 Bal 20110090 Bal	LANT # GRANTEE - ORGANIZATION NAME 20110058 Bakerslied Symphory Orchestra Inc 20110047 Bakerslied Symphory Orchestra Inc 20110013 Bakerslied Symphory Orchestra Inc 2011020 Bakerslied Symphory Orchestra Inc 2011020 Bakerslied Symphory Orchestra Inc 20110020 Bakerslied Affactorial Af
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ADDRESS 1	1328 34th Street	1328 34th Sireet	1328 34th Sireet	P O Box 2905	P O Box 386	P O Box 386

ž	STATE	710	TAY IS	CBANT DATE	THE AMOUNT	GRANT PIRPOSE
			2			Э.
	5	93301	95-6001765	1102/81/4		Z5 AHIS
	გ	93301	95-6001765	3/22/2011	•	00 ARTS
	క	93301	95-6001765	4/27/2011	1,000 00	00 ARTS
	ð	93240	95-6001766	10/25/2011		67 HLTH
	5	93302-0386	95-6092498	4/19/2011		00 ARTS
	ð	93302-0386	95-6092498	4/27/2011		00 ARTS
				•	983,994	8

(2,272 00) (500 00) 981,222 56

welfn rufund of 2010 grants cancel grant 20040352 void ck 1087

	500 00 EDUC 500 00 EDUC			5,500 00 EDUC		1,000 00 EDUC					1,000.00 EDUC															8,000 00 EDUC							1,500 to EDUC				5,500 00 EDUC	1,000 00 EDUC	5,000 00 EDUC	1,000 00 EDUC	100 00 EDUC	5,500 00 EDUC	102,323 00	102,656 00
	7/20/2011	9/12/2011	3/24/2011	9/12/2011	10/7/2011	8/4/2011	8/10/2011	9/8/2011	8/10/2011	8/30/2011	9/29/2011	113112011	110202//	8/4/2011	1150/2011	9/6/2011	1102/06/2	9/8/2011	8/4/2011	8/4/2011	8/4/2011	8/4/2011	6/28/2011	6/28/2011	6/28/2011	8/4/2011	628/2011	6/28/2011	6/28/2011	6/28/2011	6/28/2011	9/8/2011	6/28/2011	6/28/2011	6/15/2011	8/8/2011	8/19/2011	8/4/2011	6/28/2011	10/7/2011	3/22/2011	9/12/2011		Adjustifierit \$
TAX_ID 51-0151490	51-0151490	51-0151490	77-0100496	94-3250114	91-2147139	91-2147139	91-2147139	91-2147139	91-2147139	91-2147139	91-2147139	917412-18	91-214/139	91-214/139	91-214/139	91-2147139	91-2147139	91-2147139	91-2147139	91-2147139	94-3250114	95-1230865	94-3250114	77-0235452	77-0235452	95-2250801	95-2250801	95-2250801	95-2250801	95-2250801	48-0547702	94-3250114	94-3250114	94-3250114	95-1643334		80-0494808	23-7394590	95-1642394	95-2544535	36-3201412	95-6196006		
ZIP 93305	93305	93305	93301	92521	93311	93311	93311	93311	93311	93311	93311	3551	200	1556	93311	9331	93311	93311	93311	93311	93106-3180	95929-0242	95798-9062	93203	93203	90095-9000	90095-9000	90095-9000	90095-9000	90095-9000	67213	95343	95343	95343	90045	93280	93955	95064	90089-0914	92093-0021	93389	91330-8207		
STATE CA	క క	క	ð	5 5	క్ర	క	క	ర	ర :	ა	క ర	5 8	5 8	5 8	5 8	5 8	5 5	5 5	క	Š	გ			ĕ ∶	ర :	5 5	5 5	క క	Š	გ	Ş	გ.	5 8	5 8	§ 5	8	8	8	8	Š	٥	გ		
CITY Bakersfield	Bakersfield Bakersfield	Bakersheld	Bakersfield	Riverside	Bakersfield	Bakersfield	Bakersfield	Bakersfield	Bakersfield	Bakersheld	Bakersheld	Dakerslied	Bakerslield	Bakerstield	Bakerslieid	Bakersileid	Bakersheld	Rakersfield	Bakersfield	Bakersfield	Santa Barbara	Chico	West Sacramento	Arvin	Arvin	Los Angeles	Los Angeles	Los Angeles	Los Angeles	Los Angeles	Wichita	Merced	Merced	Merced	Los Angeles	Wasco	Seaside	Santa Cruz	Los Angeles	La Jolla	Bakersfield	Northrdge		
ADDRESS 2				Avenue	le Highway	ile Highway	9001 Stockdale Highway	ile Highway	9001 Stockdale Highway	9001 Stockdale Highway	9001 Stockdale Highway	SUCI Stockdale Highway	9001 Stockdale Highway	le Highway	e Highway	ale Highway	ale Lighway	9001 Stockdale Highway	9001 Stockdale Highway	9001 Stockdale Highway		st Street	3062			Avenue	Avenue	405 Hildard Avenue	405 Hilgard Avenue	105 Hilgard Avenue		ike Road	ike Road	ке ноад				**						
¥				900 University Avenue	9001 Stockdale Highway	9001 Stockdale Highway	9001 Stockd	9001 Stockdale Highway	9001 Stockd	9001 Stocke	9001 Stocke	9001 Stocke	9001 Stockd	9001 Stockdale Highway	9001 Stockdale Highway	9001 Stockdale Highway	9001 Stockdale Highway	9001 Stockd	9001 Stocke	9001 Stockd	2103 SAASB	400 West First Street	P O Box 989062			405 Hilgard Avenue	405 Hilgard Avenue	405 Hilda	405 Hilga	405 Hilgar		5200 N Lake Road	5200 N Lake Road	5200 N Lake Hoad	1 I Mil Dave			1156 High Street						
	1801 Panorama Drive 1801 Panorama Drive	1801 Panorama Drive		Financial Aid Office 900 University				Office of Financial Aid 9001 Stockda								Office of Financial Aid 9001 Stocker		-			Financial Aid Office 2103 SAAS	•		900 Varsity Avenue		•	Box 951432, 1125 Murphy Hall 405 Hilgan			•				Campus Cashiering Services 5200 N. La			100 Campus Service Center Biding 47			9500 Gifman Drive #0021	P O Box 40092	18111 Nordhoff Street		

Kern Community Foundation EIN. 77-0558874 2011 Form 990 Attachment to Schedule I Grant Report

Form **8868**

(Rev January 2012) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

ightharpoons X

	are filing for an Automatic 3-Month Extension, comple				•	► LX .				
	are filing for an Additional (Not Automatic) 3-Month Ex									
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sty filed For	m 8868.					
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a corp	poration				
	to file Form 990-T), or an additional (not automatic) 3-mo									
	file any of the forms listed in Part I or Part II with the exc									
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details o	on the elec	tronic filing of this	torrn,				
	urs.gov/efile and click on e-file for Chanties & Nonprofits			\						
Part I	Automatic 3-Month Extension of Time				·					
	ation required to file Form 990-T and requesting an autor	matic 6 mc	onth extension - check this box and	complete						
Part I onl		110 d A	weets must use Form 7004 to mayor	et on ovton	sion of time	- Ш				
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	iiCs, and ti	rusts must use Form 7004 to reques	st ari exteri	Sion or time					
	· · · · · · · · · · · · · · · · · · ·	otions		Employer	identification num	ber (FIN) or				
Type or	Name of exempt organization or other filer, see instru	ctions.		Litiployer	dentineation non					
print	KERN COMMUNITY FOUNDATION X 77-05									
File by the	e by the									
Number, street, and room or suite no If a P.O. box, see instructions. 3300 TRUXTUN AVENUE, NO. 220										
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions.									
	BAKERSFIELD, CA 93301		····							
			to application for each return)		i	01				
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)							
Applicat		Poturn	Application			Return				
Application Is For Code Is For										
Form 990		01	Form 990-T (corporation)			Code 07				
Form 990		02	Form 1041-A			08				
Form 990		01	Form 4720			09				
Form 990		04	Form 5227			10				
	PT (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
	PT (trust other than above)	06	Form 8870			12				
	DANETTE RINEHAL	RT								
• The b	ooks are in the care of > 3300 TRUXTUN A	VE, S	re. 220 - BAKERSFI	ELD,	CA 93301					
	none No ► 661-325-5346		FAX No. ▶							
• If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			▶ □				
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole group,	check this				
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	ers the extension i	s for.				
1 I re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until						
_	AUGUST 15, 2012 , to file the exemp	t organiza	tion return for the organization nam	ed above.	The extension					
ıs f	or the organization's return for:									
>	X calendar year 2011 or									
>	tax year beginning	, an	d ending		•					
2 If t	ne tax year entered in line 1 is for less than 12 months, on the control of the c	check reas	on: LInitial return LI	Final retur	n					
3a If t	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any							
	nrefundable credits. See instructions.			3a	\$	0.				
	nis application is for Form 990-PF, 990-T, 4720, or 6069,					^				
	ımated tax payments made. Include any prior year over			3b	\$	0.				
	lance due. Subtract line 3b from line 3a. Include your pa	-				^				
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	<u> </u>				
Caution	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payment in:	structions.				

123841 01-04-12

LHA

Form 8868 (Rev. 1-2012)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.