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Department of the Treasury Internal Revenue Service

SCANNED AUG 2 7 2013

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	For the	2012 calendar year, or tax year beginning and	d ending	
В	Check if applicable	C Name of organization		D Employer identification number
	Addres	KERN COMMUNITY FOUNDATION		
	Name chang			77-0555874
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	Terminated	3300 IROXION AVENUE	220	661-325-5346
<u> </u>	Ameno return Application	Uity, town, or post oπice, state, and ZIP code		G Gross receipts \$ 5,081,654. H(a) Is this a group return
	pendir		NG	for affiliates? Yes X No
		3300 TRUXTUN AVE., STE. 220, BAKERSFIE	ELD, CA	H(b) Are all affiliates included? Yes No
		empt status: X 501(c)(3) 501(c) ()) or 527	If "No," attach a list (see instructions)
		e: ► WWW.KERNFOUNDATION.ORG		H(c) Group exemption number ▶
_		organization: X Corporation Trust Association Other	L Year	of formation: 1999 M State of legal domicile: CA
Pi	art I	Summary		
ė	1	Briefly describe the organization's mission or most significant activities. KERN	COMMU	JNITY FOUNDATION'S
Activities & Governance		MISSION IS GROWING COMMUNITY AND GROWING		· · · · · · · · · · · · · · · · · · ·
Jeri		Check this box if the organization discontinued its operations or disposition	osed of more	1 1 1 1 1 1
é	1	Number of voting members of the governing body (Part VI, line 1a)		$\begin{vmatrix} 3 & 15 \\ 4 & 14 \end{vmatrix}$
∞ ŏ	1	Number of independent voting members of the governing body (Part V, line 1b)		5 6
ij	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary)		6 0
Ę		Total unrelated business revenue from Part VIII, column (C), line 12	1	7a 0.
ĕ	'	Net unrelated business taxable income from Form 990-F, Jine 34 \ []	İ	7b 0.
_	 		1	Prior Year Current Year
m	8	Contributions and grants (Part VIII, line 1h)		4,278,254. 3,578,153.
Revenue	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) AUG 1 2 2013		208,809. 242,537.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	88,451. 249,887.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c-and 11e)	1 [0. 48,186.
	12	Total revenue · add lines 8 through 11 (must equal Par) (III), column (A) line-12)-		4,575,514. 4,118,763.
	13	Grants and similar amounts paid (Part IX, column (A), Tines 1-3)		1,083,879. 771,948.
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0. 0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	282,879. 254,858.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
쭚	b	Total fundraising expenses (Part IX, column (D), line 25) > 74,4	±92.	476,323. 561,093.
	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	⊢	1,843,081. 1,587,899.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	2,732,433. 2,530,864.
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12	- R	eginning of Current Year End of Year
ets o	20	Total assets (Part X, line 16)	100	13,063,541. 16,076,267.
ASS	21	Total liabilities (Part X, line 26)	<u> </u>	2,724,846. 2,934,530.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		10,338,695. 13,141,737.
P	art II	Signature Block		
Unc	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	les and statem	nents, and to the best of my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of v		
		W W Cul		1/8/6/13
Sig	ın	Signature of office	_	Date
He	re	JEFFREY R. PICKERING, PRESIDENT & CEC)	
_		Type or print name and title		Data
		Print/Type preparer's name Preparer's signature	<i>^</i> ' '	Date Check PTIN
Pai		MARTIN GONI Firm's name DANIELLS PHILLIPS VAUGHANCE BOO		8/6/13 seti-employed P10233494 Firm's EIN ▶ 95-2972229
	parer Only		~W	Firm's EIN > 95-2972229
US	. Omy	Firm's address 300 NEW STINE ROAD BAKERSFIELD, CA 93309		Phone no. 661-834-7411
NA 0	v the !!	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	<u>y irie ii</u> 001 12-1		tions.	Form 990 (2012)
		the complete control of the control		(· · · · · · · · · · · · · · · · · · ·

	n 990 (2012) KERN COMMUNITY FOUNDATION 77-0555874 Pa
	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 prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code) (Expenses \$1,069,930 . including grants of \$771,948 .) (Revenue \$312,28)
4a	(Code) (Expenses \$ 1,069,930. including grants of \$ //1,948.) (Revenue \$ 312,289) KERN COMMUNITY FOUNDATION IS IN BUSINESS TO SERVE AS A CHARITABLE
	RESOURCE FOR LOCAL DONORS AND CORPORATIONS AND TO GENERATE CAPITAL TH
	PROVIDES PHILANTHROPIC SOLUTIONS TO HELP MAKE KERN COUNTY A BETTER
	PLACE TO LIVE, TO WORK AND TO VISIT. THE FOUNDATION IS HOME FOR LOCAL
	PHILANTHROPISTS, WITH MORE THAN 100 NAMED FUNDS THAT HELP DONORS
	ORGANIZE AND ACHIEVE MEANINGFUL RESULTS FROM THEIR CHARITABLE GIVING.
	THE FOUNDATION IS A RESULTS-ORIENTED GRANTMAKER, AWARDING APPROXIMATE
	\$800,000 IN GRANTS IN 2012. THE FOUNDATION IS A TRUSTED COMMUNITY
	LEADER, HOSTING LEADERSHIP INITIATIVES LIKE THE WOMENS AND GIRLS FUND
	DEVELOPING 21ST CENTURY PHILANTHROPY TOOLS SUCH AS AN ONLINE NONPROFI
	SEARCH, AND INTRODUCING INNOVATIVE PRODUCTS SUCH AS THE CHARITY GIVING
	CARD.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,069,930.
3200	Form 990 (
2-10-	-1 ₂ 2
3 /	2012.04010 KERN COMMUNITY FOUNDATION 25600
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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)?		x	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	dunng the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9		_ <u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	х	
4 4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
11	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			17
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		X
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	gan	2012)

Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of graits and other assistance to any government or organization in the United States on Part IX, committed States on Part IX, committed States on Part IX, confirm (A), line 17 if "Ties," complete Schedule I, Part I and III 22 Dut the organization report more than \$5,000 of graits and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Part I and III 23 Dut the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about companisation of the organization's current and former officers, directors, frustess, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule IX, Part IV got to line 25 but the organization answer you proceeds of tax exempt bond seven with an outstanding principal amount of more than \$100,000 as of the lists day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule IX If "No", go to line 25 but the organization mental any proceeds of tax exempt bonds beyond a temporary period exception? 24b Dut the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25c Dut the organization and \$0.10(49) organizations. Dut the organization engage in an excess benefit transaction with a dequalified person uning the year? 25c Dut the organization avave that it engaged in an excess benefit transaction with a dequalified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part IV 25c Dut the organization provide a grant or other assistance to an officer, director, fustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity or family member of a current or former officer, director, fustee, key employee? If "Yes," complete Schedule II, Part IV 25d				Yes	No
Did the organization report more than \$5,000 of grains and other assistance to individuals in the United States on Part IX, 22 X. 23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is they are, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is at a second property of the year, that was in a support of the schedule Is a second of the year It Is a second of the year Is a second of th	21				
column (A), line 27 II "Yes," complete Schedule I, Parts I and III 22			21	Х	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule If "No", go to line 25 be the organization wiset arry proceeds of tax exempt bonds beyond a temporary period exception? 24b	22		22		x
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of the organizations. Did the organization is any time during the year? Each of 16(K) and 501(K)(4) organizations. Did the organization is any time during the year? Did the organization axis at at a regaged in an excess benefit transaction with a disqualified person unit plan by ear? If "Yes," complete Schedule L, Part II at that the transaction has not been reported on any of the organization year. And that the transaction has not been reported on any of the organization year of organization year. If "Yes," complete Schedule L, Part II at the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person ountities or employee thereof, a grant selection committee employe, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II at the organization reflect of organization with one of the following parties (see Schedule L, Part IV and the organization receive or the thing of the organization organization self, exchange, dispose of, or transfer more	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 Did the organization mentain an escrow account other than a refunding escrow at any time during the year? of the companization maintain an escrow account other than a refunding escrow at any time during the year? of the companization and as any time during the year? of the companization and as an "on behalf of" issuer for bonds outstanding at any time during the year? of the companization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a diaqualified person during the year? If "Yes," complete Schedule L, Part I			23		x
Schedule K If *No*, go to line 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and at as an *ino behalf of* issuer for bonds outstanding at any time during the year? 24d 25a Section 501(x)(3) and 501(x)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule L, Part I b Is the organization have that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or year, and that the transaction has not been reported on any of the organization or year. Part II sees that the preson outstanding as of the end of the organization's tax year? If *Yes,* complete Schedule L, Part I is 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, we wentyley exployee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If *Yes,* complete Schedule L, Part II is 18b X at a large persons? If *Yes,* complete Schedule L, Part II is 18b X at A current or former officer, director, trustee, or key employee (if *Yes,* complete Schedule L, Part IV is 18b X at A tarnily member of a current or former officer, director, trustee, or key employee (if *Yes,* complete Schedule L, Part IV is 18b X at 18b X a	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c) Did the organization maintain an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 256 24d 256 25		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 501(c)(3) and 501(c)(4) organizations. On the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization by the organization provide a prant or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 25b Was the organization are different or other assistance to an officer, director, trustee, ow employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27d Was the organization and yet to a business transaction with one of the following parties (see Schedule L, Part IV 28d Was the organization flower or officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d X 29d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III and II		Schedule K If "No", go to line 25	24a		<u> X</u>
any tax exempt bonds? 246 24d 258 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25s X 25s			24b		<u> </u>
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 X 28 Was 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 of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 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): 28 A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule	C				1
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV anstructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A mainty member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part II 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part II 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)					<u> </u>
disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 28 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 29 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 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization indudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule			24d		
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		Note. All Form 990 filers are required to complete Schedule O			

KERN COMMUNITY FOUNDATION Page 5 Form 990 (2012) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V 11 1a 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1b b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 10 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 6 2a filed for the calendar year ending with or within the year covered by this return Х 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b 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 authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a $\overline{\mathbf{x}}$ 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5с c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a **b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Х 8 Sponsoring organizations maintaining donor advised funds. X Did the organization make any taxable distributions under section 4966? 9a X **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes." enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012)

X

Form 990 (2012) KERN COMMUNITY FOUNDATION

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

	to mic sa, 62, 67, 102 scient, account and another account and account			(42)
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	•		Х
_	officer, director, trustee, or key employee?	_2		Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			х
	more members of the governing body?	7a		Λ
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
_	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
Co.	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No
10-	Did the augmentum have lead shorters bronches as offiliates?	10a	res	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12¢	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	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 with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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 records of the organiza	tion: 🕨	_	
	DANETTE RINEHART - 661-325-5346			
-	3300 TRUXTUN AVE, STE. 220, BAKERSFIELD, CA 93301			
23200 12-10-	12	Form	990	(2012)

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, trustee, 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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 week	(do box,	not c	Pos heck ss pe	ition more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) VIPUL R. DEV DIRECTOR	1.00	X						0.	0.	0.
(2) ANGELO A. HADDAD	1.00	^	\vdash	\vdash	┝	-	├	0.	0.	0.
DIRECTOR	1.00	x					l	0.	0.	0.
(3) SUSAN L. HEMME	1.00		\vdash	\vdash	-	 	┢			
DIRECTOR	1.00	x					1	0.	0.	0.
(4) DUANE A. KEATHLEY	1.00			┢		-	 	 		
DIRECTOR		X						0.	0.	0.
(5) BRYAN L. LYNN	1.00		\vdash		<u> </u>	┢				
DIRECTOR		x		1		ļ		0.	0.	0.
(6) JUDITH T. MCCARTHY	1.00	Ħ					╁			
DIRECTOR		x					ŀ	0.	0.	0.
(7) NANCY L. OEHLER	1.00	T				<u> </u>				
DIRECTOR		X					ļ	0.	0.	0.
(8) JOHN M. ALLEN	1.00					<u> </u>				
DIRECTOR		X	i					0.	0.	0.
(9) KEVIN C. FINDLEY	1.00									
DIRECTOR		\mathbf{x}	l .					0.	0.	0.
(10) DIANE L. WHITE	1.00						Г			
DIRECTOR		X						0.	0.	0.
(11) KEITH T. BRICE	1.00		Γ							_
CHAIRMAN		X		Х	L		L	0.	0.	0.
(12) STEPHEN H. BOYLE	1.00									_
VICE-CHAIR		X	L	X				0.	0.	0.
(13) STEPHEN L. SANDERS	1.00]		l						
SECRETARY		X	┖	X				0.	0.	0.
(14) EUGENE J. VOILAND	1.00	ļ	1	l		l				
TREASURER		X	$oldsymbol{oldsymbol{oldsymbol{eta}}}$	Х	L_	┖	<u> </u>	0.	0.	0.
(15) JEFFREY R. PICKERING	40.00	۱		,,		1		115 054	_	_
PRESIDENT & CEO		X	-	Х	┝	-	╁	115,974.	0.	0.
		1_	L	<u> </u>						<u> </u>
		-								
			Ь	-	<u> </u>		<u>. </u>		 	Form 990 (2012)

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	L VII Section A. Officers, Directors, Trus		ploy	ees/	_		ghe	st C		es (continued) (E)				
	(A)	(B)							(D)	(F)				
	Name and title	Average hours per		not c	heck	more	than		Reportable	en.	Estimated amount of			
		week					is bot or/trus		compensation	compensation from relates		aı	nount other	
		(list any	cto						the	organizatior	าร	com	pensa	
		hours for related	l g	 #			ated		organization	(W-2/1099-MI	SC)		om th	
		organizations	aste	trust		a g	mpens		(W-2/1099-MISC)			_	janizai d reiai	
		below	Individual trustee or director	institutional trustee	₌	Key employee	Highest compensated employee	يَوْ	}				anızatı	
		line)	횰	Instri	Officer	Key	Hgh dip	F						
			-	-				\vdash						
			_	_	_	-		\vdash	-					
		-			ļ									
										· · · · · · · · · · · · · · · · · · ·				
				一	 		-	-						
			-	_	_	-		_						
	 		_				_	_						
1b	Sub-total								115,974.		0.			0.
	Total from continuation sheets to Part V	II, Section A							115,974.		0.			0.
<u>a</u>	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	2000	liete	ad al	hove	2) W/	20.7		0.000 of reporter				<u> </u>
_	compensation from the organization	iot infinted to tr	1036	11316	o a	DOVE	3) VV I			,,000 or reportat				_1
							-						Yes	No
3	Did the organization list any former officer	•		e, ke	у ег	nplo	yee,	or	highest compensated e	mployee on				v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si				once	ation	and	d oti	her companyation from	the organization		3		X
•	and related organizations greater than \$15	•								u ie organizacion		4		Х
5	Did any person listed on line 1a receive or									idual for services	5			
	rendered to the organization? If "Yes," con											5		Х
	tion B. Independent Contractors							_		<u></u>				
1	Complete this table for your five highest co the organization. Report compensation for	•									npens	ation	rom	
	(A)							Ī	(B)			(0		
	Name and business address NONE Description of services									ervices	C	ompe	nsatio	חי
		-												
								\dashv						
								\dashv						
								_						
2	Total number of independent contractors (\$100,000 of compensation from the organ	-	ot li	mrte	d to		se lis O	stec	d above) who received in	nore than				
	w 100,000 of compensation from the organ						-					Form	990 ((2012)

232008 12-10-12

KERN COMMUNITY FOUNDATION Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded Related or Unrelated Total revenue from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b b Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 3,578,153 1,661,359 g Noncash contributions included in lines 1a-1f \$ 3,578,153 Total. Add lines 1a-1f **Business Code** 2 a MANAGEMENT FEES 541610 242,537 242,537 Program Service Revenue All other program service revenue 242,537 Total. Add lines 2a-2f Investment income (including dividends, interest, and 180,135 180,135. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 48,186 6 a Gross rents b Less: rental expenses 48,186. c Rental income or (loss) 48,186 48,186. d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of 1,032,518 assets other than inventory b Less: cost or other basis 962,766 125 and sales expenses 69,752. 0 c Gain or (loss) 69,752 69,752 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue e Total. Add lines 11a-11d

4,118,763

312,289

Form **990** (2012)

228,321.

0.

232009 12-10-12

Total revenue. See instructions.

Form 990 (2012) KERN COMMUNITY FOUNDATION
Part IX Statement of Functional Expenses

ot include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
Bb, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and	771,948.	771,948.		
Grants and other assistance to individuals in				
· · · · · · · · · · · · · · · · · · ·			·····	
-				
-				
· · · · · · · · · · · · · · · · · · ·		·		
· · · · · · · · · · · · · · · · · · ·	· 			
· · · · · · · · · · · · · · · · · · ·	115.974	57.987.	43.490.	14,497
		3,753,1		
· · · · · · · · · · · · · · · · · · ·				
	113,783	56,891.	42,669.	14,223
			,	
· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·	7,262,	3.631.	2.723.	908
		8.920.		2,230
· · · · · · · · · · · · · · · · · · ·	2.7002.		7,000	
•				
	18.952.	9.476.	7,107.	2,369
		6.012.		2,369 1,503
	,			
· · ·				
F	213.296.		213,296.	
, -	43.532.	21.767.	16,323.	5,442
				5,086
				741
· · · · · · · · · · · · · · · · · · ·				3,173
		,		<u>.</u>
_ ·	47,032.	23,516.	17,637.	5,879
· · · ·			1,495.	499
'				
· · · · · · · · · · · · · · · · · · ·	46,930.	23,465.	17,599.	5,866
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
Payments to affiliates				
· ·	6,698.	-	6,698.	
' ' ' ' ' F	7,763.	3,882.	2,911.	970
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	49,487.	24,744.		6,185
CONTRACT LABOR		6,933.	5,200.	1,733
UTILITIES	8,660.	4,330.	3,247.	1,083
REPAIRS AND MAINTENANCE	5,258.	2,629.	1,972.	657
All other expenses	11,594.		4,348.	1,448
Total functional expenses. Add lines 1 through 24e	1,587,899.	1,069,930.	443,477.	74,492
Joint costs. Complete this line only if the organization				
reported in column (P) joint costs from a combined			į	
reported in column (B) joint costs from a combined	t e	•		
educational campaign and fundraising solicitation.				
	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 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, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 CONTRACT LABOR UTILITIES REPAIRS AND MAINTENANCE All other expenses Total functional expenses. Add lines 1 through 24e	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 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, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e argument is the 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS CONTRACT LABOR UTILITIES REPAIRS AND MAINTENANCE All other expenses. Add Innes 1 through 24e Total functional expenses. Add lines 1 through 24e	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 25 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, trustees, and key employees Compensation on tincluded above, to disqualified persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3)(8) Other salanes and wages Other salanes and wages Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 113,783. 56,891. 113,783. 56,89	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3)(8) Chter salanes and wages Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Chier employee benefits Payroll taxes Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Chier employee benefits Payroll taxes Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) There employee benefits Payroll taxes Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) There employee benefits Payroll taxes Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) There employee benefits Payroll taxes Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions (include and 401(k) and 403(b) employer contributions (include and 401(k) and 403(b) employer c

Pa	rt X	Balance Sheet					
_		Check if Schedule O contains a response to any	/ questi	on in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,423.	1	33,967.
	2	Savings and temporary cash investments			2,437,373.	2	3,089,828.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			814,732.	4	510,779.
	5	Loans and other receivables from current and fo	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation			•		
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
Ass	8	Inventories for sale or use				8	10 11
	9	Prepaid expenses and deferred charges		ļ	12,169.	9	13,111.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	71,204.	07 100		26 017
	b	Less: accumulated depreciation	10b	45,187.	27,102.		26,017.
	11	Investments - publicly traded securities			0 761 740	11	11 220 0/1
	12	Investments · other securities. See Part IV, line			9,761,742.	12	11,320,841.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	}	0.	14	1,081,724.	
	15	Other assets See Part IV, line 11			13,063,541.	15 16	16,076,267.
	16	Total assets. Add lines 1 through 15 (must equ	ai iine 3	4)	9,564.	17	21,716.
	17	Accounts payable and accrued expenses	180,000.	18	167,385.		
	18 19	Grants payable Deferred revenue	200,000	19			
	20	Tax-exempt bond liabilities		20			
"	21	Escrow or custodial account liability. Complete	of Schedule D		21	· · · · · · · · · · · · · · · · · · ·	
Liabilities	22	Loans and other payables to current and former		ľ		=-	
ig	_	key employees, highest compensated employee					
Ë		Complete Part II of Schedule L	,	-ioquaiiiio portoria		22	
	23	Secured mortgages and notes payable to unrela	ated thu	rd parties		23	
	24	Unsecured notes and loans payable to unrelate		·		24	
	25	Other liabilities (including federal income tax, pa					
	l	parties, and other liabilities not included on lines	17-24)	Complete Part X of			
	1	Schedule D			2,535,282.	25	2,745,429.
	26	Total liabilities. Add lines 17 through 25			2,724,846.	26	2,934,530.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 an	ıd 34.		40 000 605		10 641 727
auc	27	Unrestricted net assets			10,338,695.	27	12,641,737.
Bai	28	Temporanly restricted net assets				28	F00 000
힏	29	Permanently restricted net assets		. —		29	500,000.
Ē		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
Š		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		- A & J		30	
As	31	Paid-in or capital surplus, or land, building, or ed				31 32	-
Net	32	Retained earnings, endowment, accumulated in	icome, (or other lungs	10,338,695.	33	13,141,737.
	33	Total habitues and not assets/fund balances			13,063,541.	34	16,076,267.
-	34	Total liabilities and net assets/fund balances		·			Form 990 (2012)
							POINT 990 (2012)

	990 (2012) KERN COMMUNITY FOUNDATION 77-0	555874	Pa	ge 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>
		4 44		
1	Total revenue (must equal Part VIII, column (A), line 12)	4,118	8,7	63.
2	Total expenses (must equal Part IX, column (A), line 25)	1,58	/ , 8	99.
3	Revenue less expenses. Subtract line 2 from line 1	2,530	0,8	64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	10,338		
5	Net unrealized gains (losses) on investments	66.	<u>3,8</u>	<u>79.</u>
6	Donated services and use of facilities 6			
7	Investment expenses 7			~~
8	Prior period adjustments 8	<392	L , 7	
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	13,143	<u>1,7</u>	<u>37.</u>
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			<u>X</u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:	, j		
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both.			
	Separate basis X Consolidated basis Both consolidated and separate basis			ĺ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	l		l
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		1

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of	the organizati	ion	 			<u> </u>		E	mployer	identificati	ion nu	mber
			MMUNITY FOUN						7	7-0555	874	:
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)		, ,			
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)).				
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🖳	A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nan	ne,
	city, and stat	e:										
5		on operated for the (b)(1)(A)(iv). (Comple	benefit of a college or ur ete Part II.)	niversity o	wned or o	perated by	a govern	mental uni	t describ	oed in	,	
6 🗀	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X												
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🔲	-		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗀			eives: (1) more than 33			rom contr	hutions n	nembershi	n fees a	and arnee rea	cointe	from
• —			nctions - subject to certa							=		
		•	axable income (less sect	•		•			• •	•		
		509(a)(2). (Complete	•	iioii o i i ta	ix) iroini bu	311103303 (acquired b	y trio orga	inzation	aitei Julie J	, i 5	, J.
10			perated exclusively to te	st for nubl	ic safety S	Soo soctio	n 500(a)(4	ı,				
11	•	•	perated exclusively for the	•	•			•	out the	nurnosas c	of one	or
	_		ations described in section				•	'				Oi
			organization and comple				-, 000 30 0	, cion 505(a)(O). On	ieck tile box	triat	
	a Type I	· · · · · · · · · · · · · · · · · · ·			nctionally		c	Tvn	a III - No	n-functional	h unto	aratod
e 🗀	• •	-	at the organization is not		-	•					-	-
•—			han one or more publicly			-						
f			ten determination from t						(a)(1) OI	Section 508	r(a)(2).	
•	-			ine ino ine	at it is a Ty	pe i, Type	ii, or Type	7 111				Γ-
_	, _	rganization, check th			antob. (t.a.	from on.	of the fell					Ц
9	-		organization accepted ar irectly controls, either al			•		•			Yes	- N-
		•	•	one or tog	eulei willi	persons c	escribed	iri (ii) ariu (iii) below		res	No
	_	• -	upported organization?							11g(i)		-
		•	n described in (i) above?		-0					11g(iı)		
		•	person described in (i) o	• •						11g(iii)	<u> </u>	L
h	Provide the to	ollowing information	about the supported org	ganization	(S).							
		I	[<u>_</u>	kin la tha a		(v) Dud von		(vi) Is	the	l		
	of supported	(ii) EIN			rganization sted in your			lorganizatio	n in col.	(vii) Amount		netary
orga	anization				document?			(i) organız U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
		<u> </u>		100				103	140			
					 			 				
								 				
				-								
						L						
Tetal												

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						<u> </u>
	membership fees received. (Do not						
	include any "unusual grants ")	2,147,719.	1,493,446.	1,215,974.	4,278,254.	3,078,153.	12,213,546.
2	Tax revenues levied for the organ-		-	·			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,147,719.	1,493,446.	1,215,974.	4,278,254.	3,078,153.	12,213,546.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4	·					12,213,546.
Sec	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,147,719.	1,493,446.	1,215,974.	4,278,254.	3,078,153.	12,213,546.
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources	188,418.	131,999.	136,233.	157,147.	180,135.	793,932.
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						13,007,478.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	847,398.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
50.	organization, check this box and storection C. Computation of Publ		roontago				
				- 1		14	93.90 %
	Public support percentage for 2012 (oiumn (1))		14	
	Public support percentage from 2011			n km n 10	14 to 20 1/00/ =	15	
168	33 1/3% support test - 2012. If the c	•			14 IS 33 1/3% OF N	nore, check this bo	x and ▶X
	stop here. The organization qualifies		-		l 15 - 00 1 /00/		•
Q	33 1/3% support test - 2011. If the c	-			ine 15 is 33 1/3%	or more, check tr	lis dox
47.	and stop here. The organization qual	• •	• •		10 10 10-		
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fact		·	•	•	t iv now the organ	iization
	meets the "facts-and-circumstances"	-	•		-	170 and l 45	100/ 07
0	10% -facts-and-circumstances tes	=					
	more, and if the organization meets the				•		` . _
10	organization meets the "facts-and-circ		_	-			
18	Private foundation. If the organization	n dia not check a	DOX ON HINE 13, 10	a, 100, 178, 01 170		edule A (Form 990	
					Sch	2210 7 (1 01 11 330	5. 550-LE/2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")		<u> </u>					
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5					 		
	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 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
Se	ction B. Total Support		"	·				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
9	Amounts from line 6							
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	interest, ts received on hts, royalties						
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
•	Add lines 10a and 10b							
11	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)	the eventual :	Such second 4	al &aal	L	- 501/c)/0\		
14	First five years. If the Form 990 is for	trie organization's	s iirst, second, thir	u, rourth, or tifth ta	ax year as a sectio	n ou i(c)(3) organiz	ation,	
Sa	check this box and stop here	ic Support Pe	rcentage	-				
	Public support percentage for 2012 (rolumn (f)		15	%	
	Public support percentage from 2011	, ,,	,	oldinir (i))		16		
	ction D. Computation of Inves					1 10 1		
	Investment income percentage for 20			ne 13. column (f))		17	%	
	Investment income percentage from	=	•			18	%	
	33 1/3% support tests - 2012. If the	•	•	on line 14, and line	e 15 is more than 3			
	more than 33 1/3%, check this box a	-					▶□	
t	33 1/3% support tests - 2011. If the	•					and	
	line 18 is not more than 33 1/3%, che						▶□	
20	Private foundation. If the organization					_	<u> </u>	

232023 12-04-12

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizat Name of organization 			TE	mployer identification number
•	MMUNITY FOUNDAT	ION		77-0555874
Part I-A Complete if the org	anization is exempt un	der section 501(c	or is a section 52	7 organization.
 Provide a description of the organiz Political expenditures Volunteer hours 	ation's direct and indirect politi	cal campaign activities		▶ \$
Part I-B Complete if the org	anization is exempt un	der section 501(c)(3).	<u></u>
1 Enter the amount of any excise tax				▶ \$
2 Enter the amount of any excise tax	ncurred by organization manag	gers under section 495	5	▶ \$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
4a Was a correction made?				☐ Yes ☐ No
b If "Yes," describe in Part IV	anization is exempt un	dor cootion E01/o	oveent continu	501(5)(3)
<u> </u>				
1 Enter the amount directly expended				- \$
2 Enter the amount of the filing organi	zation's funds contributed to d	other organizations for s		▶ \$
exempt function activities 3 Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO		
line 17b	. Add lilles 1 and 2. Litter field	and on 1 on 1 11201 Of	- ,	▶ ¢
4 Did the filing organization file Form	1120-POL for this year?			Yes No
	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	aid from the filing organ a separate political or	ization's funds. Also en ganization, such as a se	which the filing organization ter the amount of political
 Did the filing organization file Form Enter the names, addresses and en made payments. For each organizationtributions received that were pro- 	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	aid from the filing organ a separate political or	ization's funds. Also en ganization, such as a se	which the filing organization ter the amount of political eparate segregated fund or a community (e) Amount of political contributions received and
Did the filing organization file Form Enter the names, addresses and en made payments. For each organization organization that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
Did the filing organization file Form Enter the names, addresses and en made payments. For each organization organization that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
Did the filing organization file Form Enter the names, addresses and en made payments. For each organization organization that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
Did the filing organization file Form Enter the names, addresses and en made payments. For each organization organization that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
Did the filing organization file Form Enter the names, addresses and en made payments. For each organization organization that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
Did the filing organization file Form Enter the names, addresses and en made payments. For each organization organization that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
Did the filing organization file Form Enter the names, addresses and en made payments. For each organizat contributions received that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
Did the filing organization file Form Enter the names, addresses and en made payments. For each organization organization that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
Did the filing organization file Form Enter the names, addresses and en made payments. For each organization tributions received that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
Did the filing organization file Form Enter the names, addresses and en made payments. For each organization tributions received that were propolitical action committee (PAC). If a	ployer identification number (E tion listed, enter the amount pa pmptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or ovide information in Par	ization's funds. Also enganization, such as a set IV. (d) Amount paid from filing organization	which the filing organization ter the amount of political sparate segregated fund or a common (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

232041 01-07-13

Schedule C (Form 990 or 990 EZ) 2012 KE	RN COMMUN	ITY FOUNDAT	TION	77-	0555874 Page 2
Part II-A Complete if the organi	zation is exe	mpt under section	on 501(c)(3) and file	ed Form 5768	
(election under section	n 501(h)).		_		
A Check ► ☐ If the filing organization	belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check Lifthe filing organization	checked box A a	nd "limited control" pr	ovisions apply.		
Limits or	n Lobbying Expe	nditures		(a) Filing	(b) Affiliated group
(The term "expenditur			.)	organization's totals	totals
1a Total lobbying expenditures to influence	e public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying)			<u> </u>
c Total lobbying expenditures (add lines	1a and 1b)				<u> </u>
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad	dd lines 1c and 1	d)			
f Lobbying nontaxable amount Enter the	e amount from th	e following table in bo	th columns		
If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e	·		
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0	00 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,	000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
					<u> </u>
g Grassroots nontaxable amount (enter 2	25% of line 1f)				
h Subtract line 1g from line 1a. If zero or	less, enter -0-				<u> </u>
i Subtract line 1f from line 1c. If zero or l	ess, enter -0-				<u> </u>
j If there is an amount other than zero or	n either line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this year	?				Yes No
_		eraging Period Under	• •		
, -			n do not have to comp		
colum			es 2a through 2f on pa	ige 4.)	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					<u> </u>
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
4 Comments labelings and additional additional and additional additi					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 KERN COMMUNITY FOUNDATION 77-055587 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b	}
of the lobbying activity.	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:		••		
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?	X		1	,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		Х		
j Total Add lines 1c through 1i			1	,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912	1			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), s	ection 501(c)	(5), or se	ction	
501(c)(6).	······			
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	·	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), s	ection 501(c)	(5), or se	ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ered "No," Ol	R (b) Par	t III-A, lin	ie 3, is
answered "Yes."				
Dues, assessments and similar amounts from members		1_		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	political			
expenses for which the section 527(f) tax was paid).				
a Current year		2a_		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es	3_		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	ne excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	and political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5_		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line	5; Part II-A (affili	ated group	list); Part II-	A, line 2;
and Part II-B, line 1. Also, complete this part for any additional information				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
DURING 2012, THE ORGANIZATION MADE A TOTAL OF \$1,0	00 IN GRA	ants t	O THE	
LEAGUE OF CALIFORNIA COMMUNITY FOUNDATIONS. THE L	EAGUE OF	CALIF	ORNTA	
CHILDRE OF CHILD ASSESSED A CAMPAGE AND A CONTROL OF THE PARTY OF THE				
COMMUNITY FOUNDATIONS USED THESE GRANT FUNDS TO SPORT	ONSOR STA	ATE OF		
CALIFORNIA SENATE BILL 1094. THE BILL INCREASES PRO	OTECTION	AFFOR	DED TO)
ENDOWMENT FUNDS AND MODIFIES THE REQUIREMENTS THAT				
232043	Schedu	le C (Form	990 or 990	-EZ) 2012

01-07-13

Schedule C (Form 990 or 990 EZ) 2012 KERN COMMUNITY FOUNDATION Part IV Supplemental Information (continued)	77-0555874 Page 4
ENDOWMENT FUNDS MUST MEET. THIS GRANT IN NO WAY CONSTITUTE	S A
SUBSTANTIAL PART OF THE ORGANIZATION'S OVERALL ACTIVITIES	AS THIS WAS A
RELATIVELY SMALL ONE-TIME GRANT AND THE ORGANZIATION DOES	NOT NORMALLY
ENGAGE IN THESE ACTIVITIES.	
·	
	
	

SCHEDULE D

(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 FOUN	DATION	77-0555874						
Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	ccounts.Complete if the						
	organization answered "Yes" to Form 990, Part IV, line 6	3.							
		(a) Donor advised funds (b) Funds and other accounts						
1	Total number at end of year	44							
2	Aggregate contributions to (during year)	1,145,381.							
3	Aggregate grants from (during year)	499,214.							
4	Aggregate value at end of year	5,445,348.							
5	Did the organization inform all donors and donor advisors in win	iting that the assets held in donor advised fun							
	are the organization's property, subject to the organization's ex	clusive legal control?	X Yes No						
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be used o	only						
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose confer							
	impermissible private benefit?		X Yes No						
Pai	t II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, Part IV,	line 7.						
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).							
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an historical	ly 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 qualified	d conservation contribution in the form of a co	onservation easement on the last						
	day of the tax year.								
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
þ	Total acreage restricted by conservation easements	2b							
C									
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure								
_	listed in the National Register								
3	Number of conservation easements modified, transferred, relea	ised, extinguished, or terminated by the organ	nization during the tax						
4	Number of states where property subject to conseque ton agree	ment is legated							
4 5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the period								
5	violations, and enforcement of the conservation easements it h	- · · · · · · · · · · · · · · · · · · ·	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, an								
7	Amount of expenses incurred in monitoring, inspecting, and en								
8	Does each conservation easement reported on line 2(d) above:		<u>=</u> ;						
	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense stater	ment, and balance sheet, and						
	include, if applicable, the text of the footnote to the organization	•							
	conservation easements.	•	J						
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Other	Similar Assets.						
	Complete if the organization answered "Yes" to Form 99	00, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statement ar	nd balance sheet works of art,						
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherance of	public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that describe	s these items.							
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and b	alance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, education, edu	cation, or research in furtherance of public se	rvice, provide the following amounts						
	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 treasures	ures, or other similar assets for financial gain,							
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:							
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$						
b	Assets included in Form 990, Part X		> \$						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		MMUNITY FO	UNDATION		77-0	555874 Page 2			
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Ot	her Similar Ass	sets(continued)			
3	Using the organization's acquisition, accession	on, and other record	is, check any of the	following that are a	significant use of i	ts collection items			
	(check all that apply):								
а	Public exhibition	d	I └── Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	c Preservation for future generations								
4									
5	During the year, did the organization solicit or	r receive donations	of art, historical trea	sures, or other simi	lar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's co	ollection?		Yes No			
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" t	o Form 990, Part IV	/, line 9, or			
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	s or other assets n	ot included				
	on Form 990, Part X?					Yes No			
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
	Amount								
C	Beginning balance				1c				
d									
е	Distributions during the year	1e							
f Ending balance									
2a Did the organization include an amount on Form 990, Part X, line 21?									
b	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII								
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back			
1a	Beginning of year balance	0.	0.	0		0.			
b	Contributions	500,000.	Ō.	0	. (0,			
С	Net investment earnings, gains, and losses	. (0.						
d	Grants or scholarships	. (0.						
е	Other expenditures for facilities					<u> </u>			
	and programs	0.	0.	0	. (0.			
f	Administrative expenses	7,789.	0.	0		0.			
g	End of year balance	509,056.							
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	i)) held as:	•				
а	Board designated or quasi-endowment	1.78	%						
ь	Permanent endowment ▶ 98.22	%	-						
	Temporarily restricted endowment ▶	<u>⋅0</u> 0 %							
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	•	ation that are held a	nd administered foi	the organization				
	by:	•			•	Yes No			
	(i) unrelated organizations					3a(ı) X			
	(ii) related organizations					3a(ii) X			
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?			3b			
4	Describe in Part XIII the intended uses of the	·							
Par	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulated	(d) Book value			
		basis (investri	nent) basis (epreciation	, ,			
1a	Land	1							
b	Buildings								
	Leasehold improvements								
	Equipment	66,	977.		43,073.	23,904.			
	Other	4,	227.		2,114.	2,113.			
	Add lines to through to (Column (d) must or	 		0/-1.1		26 017			

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 KERN COMMUNITY FOUNDATION	1		7 <u>7</u> -	<u>05</u> 55874	Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments Wit	h Revenue per R	eturi	n	
1	Total revenue, gains, and other support per audited financial statements			1	4,782	642.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	663,879.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e		879.
3	Subtract line 2e from line 1			3	4,118	,763.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
C	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			_5_	4,118	,763.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per	Retu	ırn	-000
1	Total expenses and losses per audited financial statements			1	1,587	, 899.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a	 			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII)	2d				•
е	Add lines 2a through 2d			2e	4 505	0.
3	Subtract line 2e from line 1			3	1,587	, 899.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	Other (Describe in Part XIII)	_4b				•
¢	Add lines 4a and 4b			4c	4 F 0 77	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			_ 5	1,587	, 899.
	rt XIII Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa				2b; Part V, line	4; Part
	e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this par RT V, LINE 4: THE ORGANIZATION INTENDS TO				UNDS	
	THE THE STATE OF STAT					
FOI	R SCHOLARSHIPS.					
						100
						
				Sche	dule D (Form 9	90) 2012

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public Inspection

Employer identification number 77-0555874

▶ Attach to Form 990. KERN COMMUNITY FOUNDATION

Parti	Part General Information on Grants and Assistance	nd Assistance						
1	Does the organization maintain records to substantiate the amount	o substantiate the		or assistance, the	grantees' eligibility	for the grants or assi	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
crit	criteria used to award the grants or assistance?	stance?						Yes X No
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for month	oring the use of grant	funds in the United	d States			
Part II	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	Governments and	Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part I'	V, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if additi	onal space is need	jed.			
1 (a)	1 (a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE CLIE	SEE CLIENT PREPARED SPREADSHEET ATTACHED			•0	0			
2 Ent	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	e line 1 table				
- 1	Enter total number of other organizations listed in the line 1 table	s listed in the line	l table					•
LHA Fo	For Paperwork Reduction Act Notice, see the Instructions for	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2012)

KERN COMMUNITY FOUNDATION

Page 2

77-0555874

Schedule I (Form 990) (2012) Part III

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. SCHEDULE I, PART I, LINE 2: THE USE OF GRANT FUNDS IS MONITORED BY THE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance BOARD OF DIRECTORS

232102 12-18-12

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.

OMB No 1545-0047

Open To Public Inspection

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

Name of the organization Employer in KERN COMMUNITY FOUNDATION 77-055									on nu	mber					
Part I	Excess Bene	fit Trans	acti	ons (section 50)1(c)(3	and s	section 501(c)(4) org		* -	!			<u> </u>		
	Complete if the c						art IV, line 25a or 25l	o, or	Form 990-EZ, P	art V,	line 40)b			
1 (a) Na	me of disqualified p	erson	(b) F	Relationship bety			lified	(c) Description of transaction			n	(d) Corrected?			
(4) 114				person and or	ganız	ation		_					Ye	es	No
													-	\rightarrow	
													+	+	
													+	-	
													$+\!\!\!-$		
													+	-	
2 Enter	the amount of tax :	ncurred by t	the o	rganization man	agers	or disc	qualified persons du	nng	the year under						
	on 4958	•		Ü	•			Ŭ	,		▶ \$				
3 Enter	the amount of tax,	if any, on lin	е 2,	above, reimburs	ed by	the or	ganization				▶ \$				
		-													
Part II	Loans to and	/or From	Int	erested Per	sons										
		*					, Part V, line 38a or I	Forn	n 990, Part IV, Iın	e 26,	or if th	ne orga	ınızatı	on	
	reported an amo	unt on Form (b) Relation				an to or	<u> </u>					Kh An	oroved	4 > 100	
	a) Name of ested person	with	•	(c) Purpose of loan	fron	n the	(e) Original principal amount	(f) Balance due	(g)) In ault?	by bo	proved ard or	(i) W	ritten ment?
111101	cotou persori	organizati	ion	000		zation?	printerpair arrivation				1	cómm			
					То	From		-		Yes	No	Yes	No	Yes	No
					-	\vdash		\vdash							-
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															_
															
Total					-		▶ \$								
Part III	Grants or As			_											
	Complete if the c		1						() =		- 1				
intere		(b) Relationship interested pers the organiza	on an		(c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance					
						_									
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

KERN COMMUNITY FOUNDATION

Employer identification number

77-0555874

Pai	rt I Types of Property									
		(a)	(b)	(c)		(d)				
		Check If	Number of	Noncash cont		Method of de		_		
		applicable	contributions or items contributed	amounts repo		noncash contrib	ution a	mount	S	
	Art - Works of art		iterns contributed	1 Onn 990, rait v	vin, iiie ig					
1	· · · · · · · · · · · · · · · · · · ·		<u> </u>							
2	Art - Historical treasures			<u> </u>						
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	Secunties - Publicly traded	X	2	579	,635.	FAIR MARKET	' VA	<u>.LUE</u>		
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	V 1 1 001 724 FRATE MARK									
17										
_										
18	Collectibles		<u> </u>							
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy		<u> </u>							
22	Historical artifacts			<u> </u>						
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()			ļ <u></u>						
26	Other ()		ļ							
27	Other ()	·								
28	Other ► ()									
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions						
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement	29					
								Yes	No	
30a	During the year, did the organization receive by	contribution	on any property re	ported in Part I, Iii	nes 1-28 th	at it must hold for				
	at least three years from the date of the initial of	contribution	, and which is not	required to be us	ed for exen	npt purposes for]		l	
	the entire holding period?						30a		Х	
b	If "Yes," describe the arrangement in Part II									
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any non-stand	lard contrib	utions?	31	X	l	
	Does the organization hire or use third parties of						T		$\overline{}$	
	contributions?	J. 1014100 0	. 3	, p. 00000, or o			32a		х	
h	If "Yes," describe in Part II						1028	 		
	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colin	ımn (a) ie ot	necked	İ		l	
33	describe in Part II.	COMMITTE (C)	o, a type of prope	ary for willow cold	(a) is U	ioondu,			l	
LLIA		the leaters	tions for Earn M	<u> </u>	-	Cohodul- M	(Ecr		(2012)	
LHA	For Paperwork Reduction Act Notice, see	are mstruc	מטוום וטו רטוווו שנ	∼.		Schedule M	TITUTY	, 23U) ((2U 12)	

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization 77-0555874 KERN COMMUNITY FOUNDATION SECTION B, LINE 11: THE FOUNDATION'S BOARD OF DIRECTORS FORM 990, PART VI, 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 "ABOUT US" SECTION AT THE "FINANCIAL OVERVIEW" TAB. FORM 990, PAGE 12, PART XII, LINE 2C THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR. FORM 990, PAGE 12, PART XI, LINE 8 PRIOR PERIOD ADJUSTMENT THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2011 WERE RESTATED TO REFLECT THE CORRECTION OF AN ERROR. FUNDS HELD FOR AGENCY RECEIVED IN 2011 WERE INADVERTENTLY RECORDED AS CONTRIBUTION AND BEQUEST REVENUE FOR THAT YEAR. THE EFFECT OF CORRECTING THIS ERROR WAS

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

Schedule O (Form 990 or 990-EZ) (2012)

TO DECREASE CONTRIBUTION AND BEQUEST REVENUE BY \$435,273, INCREASE

Schedule O (Form 990 or 990 EZ) (2012)	Page 2
Name of the organization KERN COMMUNITY FOUNDATION	Employer identification number 77-0555874
FUNDS HELD FOR AGENCY BY \$391,701, DECREASE INVESTMENT IN	COME BY
\$6,410, DECREASE THE REALIZED AND UNREALIZED LOSS ON INVE	STMENTS BY
\$38,167, AND DECREASE MANAGEMENT AND GENERAL EXPENSES BY	\$11,815. NET
EFFECT ON BEGINNING FUND BALANCE FOR TAX RETURN PURPOSES	IS A \$391,701
DECREASE.	
	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number 77-0555874 KERN COMMUNITY FOUNDATION

Schedule R (Form 990) 2012 (g) Section 512(b)(13) ŝ controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) CERN COMMUNITY ε 1,099,227.FOUNDATION Direct controlling entity End-of-year assets status (if section <u>e</u> Public charity 501(c)(3)) <u>e</u> 1,130,010. Total income Exempt Code section E Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA COMMERCIAL REAL PROPERTY FOR LIABILITY PURPOSES Primary activity Primary activity KERN COMMUNITY FOUNDATION REAL PROPERTY, LLC HOLDING CONTRIBUTED - 77-0555874, 3300 TRUXTUN AVE, SUITE 220, Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity BAKERSFIELD, CA 93301 Part II Part

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

232161 12-10-12 LHA

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77-0555874

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2012 KERN COMMUNITY FOUNDATION

Part

General or Percentage managing ownership Schedule R (Form 990) 2012 Yes Section Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) ड Percentage ownership YesNo Ξ Code V-UBI amount in box m 20 of Schedule FA-1 (Form 1065) Share of end-of-year assets 9 ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income $\boldsymbol{\varepsilon}$ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) ত (d)
Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 232162 12-10-12 Part IV

Page 3

Schedule R (Form 990) 2012 KERN COMMUNITY FOUNDATION

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Ye	Yes No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	in Parts II:IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a		
b Gift, grant, or capital contribution to related organization(s)				₽		
c Gift, grant, or capital contribution from related organization(s)				10		
d Loans or loan guarantees to or for related organization(s)				1 q		
e Loans or loan guarantees by related organization(s)				1 e		
f Dividends from related organization(s)				=		
g Sale of assets to related organization(s)				19	-	
h Purchase of assets from related organization(s)				ŧ	_	
i Exchange of assets with related organization(s)				Ę		
j Lease of facilities, equipment, or other assets to related organization(s)				į-	_	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	_	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	+	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	,		두		
 Sharing of paid employees with related organization(s) 				9	4	
n Bembursement naid to related organization(s) for expenses				£		
				₽		
					_	
r Other transfer of cash or property to related organization(s)				÷		
s Other transfer of cash or property from related organization(s)				1s	_	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
332163 12-10-12	38		Schedule	Schedule R (Form 990) 2012	30) 2012	

39

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Name, address, and EIN Primary activity Legal domicile (state or foreign (fallate scribin) under se country) under se	Predominant income pane (related, unrelated, 501) excluded from tax under section 512-514) Yes.	Yes No Income		Share of end-of-year assets	Dispropor-	Code V-UBI General of Percentage amount in box 20 partnership of Schedule K-1 (Form 1065) Yes No	General or managing partners or Yes No	Ownership
country)	ection 512-514) Yes				No Yes No	(Form 1085)	Yes No	
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232164 12-10-12

Schedule R	(Form 990) 2012	KERN	COMMUNITY	FOUNDATION	77-0555874	Page 5
Part VII	(Form 990) 2012 Supplemental Info	rmation				
	Complete this part to pro	vide additio	onal information for a	responses to questions on Schedule R (see instru	uctions).	
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Kem Community Foundation EIN 77-0558874 2012 Form 890 Attachment to Schedule I Grant Report		

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	ADDRESS 1 2000 24th Street, Suite 130 2000 24th Street Suite 130 2000 24th Street	P O Box 1628 1706 Chester Avenue #200 1706 Chester Avenue #200 1706 Chester Avenue #200 1700 Chester Avenue #200
Kern Community Foundation 17-0555874 2012 Form 9990 Attachment to Schedule I Grant Report	GRANT B GRANTEE-ORGANIZATION NAME 20120023 Courf Appointed Special Advocates of Kem County (CASA) 20120035 Courf Appointed Special Advocates of Kem County (CASA) 20120035 Courf Appointed Special Advocates of Kem County (CASA) 20120035 Courf Appointed Special Advocates of Kem County (CASA) 20120036 Courf Appointed Special Advocates of Kem County (CASA) 20120036 Courf Appointed Special Advocates of Kem County (CASA) 20120131 Courf Appointed Special Advocates of Kem County (CASA) 20120228 Courf Appointed Special Advocates of Kem County (CASA) 20120228 Courf Appointed Special Advocates of Kem County (CASA) 20120228 Courf Appointed Special Advocates of Kem County (CASA) 2012028 Courf Appointed Special Advocates of Kem County (CASA) 2012028 Courf Appointed Special Advocates of Kem County (CASA) 2012028 Courf Appointed Special Advocates of Kem County (CASA) 2012028 Courf Appointed Special Advocates of Kem County (CASA) 2012029 Courf Appointed Special Advocates of Kem County (CASA) 2012003 Desert Community Orchestra Association 20120015 Courf Appointed Special Advocates of Kem County (CASA) 2012003 Desert Community Orchestra Association 20120016 Desert Community Orchestra Association 20120017 The Appointed Special Advocates of Kem County (CASA) 20120004 Desert Community Orchestra Association 20120017 Macy Foundation- Basersfield 20120017 Macy Foundation- Basersfield 2012002 Golden Empire Gleanners 2012003 Golden Empire G	

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20120173	Maturacco Museum of The Indian Wells Valley	5 5
20120240	Maturando Museum of The Indian Wells Valley	1001
20130018	Maturango Museum of The Indian Wells Velley	100 E L
20130027	Ridge Route Communities Museum and Historical Society	PO Bo
20120179	Shafter Historical Society	0
20120235	Shafter Historical Society	0 0
20120242	Shafter Historical Society	9 6
201202/2	Shafter Historical Society Shafter Historical Society	200
20120060	Shotlant Theatra	1622 19
20120211	Jeen Challenge	POP
20120220	United Way of Kem County Inc	540
20120342	United Way of Kern County Inc	5405 Str
20120357	United Way of Kern County Inc	8 5
20130046	United Way of Rem County Inc	25 C
20120107	Southern Sterre Council Boy Scouts of America	241
20120327	Southern Storna Council Boy Scouts of America	241
20120015	National Christian Fellowship	PMB #2
20120086	National Christian Fellowship	PMB #2
20120184	National Christian Fellowship	PMB#Z
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20120024	Garden Pathways, inc	3509 L
20120054	Garden Pathways, Inc	n 6056
20120079	Gardon Pathways, Inc	3509 Un
20120099	Garden Pathways, Inc	3509 Un
20120119	Garden Pathways, Inc	3509 Un
20120152	Garden Pathways, Inc	3509 Un
20120219	Garden Pathways, Inc	3509 Un
20120226	Garden Pathways, Inc	3509 Un
50707107	Carden Painways, Inc	2509 01
20120263	Carden Petrways, inc	3509 Un
20120314	Garden Pathways, Inc	3509 Un
20120210	The Mission at Kern County	Bakersfi
20120294	The Mission at Kem County	Bakersfi
20120319	The Mission at Kern County	Bakersfi
20120349	The Mission at Kern County	Bakersili
20120146	North High School	300 Galic
20120109	Mendipula Magic Foundation	3725.0
20120351	Skyrde Unlimited, Inc	3
20120310	Chester Avenue Community Church	1509 Ch
20120288	Canyon Hill Assembly of God Church	7001 Au
20120042	Southern Sierra Research Station	808
20120072	Sortners Hospital for Children - Los Angeles California I kilco Mission Coundation	3150 Ge
20120276	California Living Museum Foundation	105
20130031	California Living Museum Foundation	10500 A
20120212	CSUB Foundation	Universi
20120333	CSUB Foundation	Universit
201200/4	SC Transis SCROOL Beforefield Memorial Hospital Foundation	2516 Pg
20120191	Bakersfield Memorial Hospital Foundation	420
20130038	Bakersfield Memorial Hospital Foundation	420 34th
20120122	Sillcon Valley Community Foundation	reagne
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20120130	California State University, Bakersfield	Office of
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ADDRESS 1	ADDRESS 2	CITY	STATE	ď	TAX ID	GRANT DATE	GRANT AMOUNT	GRANT PURPOSE
100 E Las Flores Avenue		Ridgecrest	ర	93555-3654	95-2232881	7/24/2012	10,899 00	ARTS, CULTURE
100 E Las Flores Avenue		Ridgecrest	ర	93555-3654	95-2232881	9/14/2012	984 44	ARTS, CULTURE
100 E Las Flores Avenue		Ridgecrest	ర	93555-3654	95-2232881	9/14/2012	1,000 00	ARTS, CULTURE
100 E Las Flores Avenue		Ridgecrest	క	93555-3654	95-2232881	12/31/2012	190 00	ARTS, CULTURE
P O Box 684		Frazier Park	ð	93225-0684	77-0431597	12/14/2012	20 00	ARTS, CULTURE
P O Box 1088		Shafter	5	93263-1088	95-3445097	7/24/2012	3,000 00	ARTS, CULTURE
P O Box 1088		Shafter	ð	93263-1088	95-3445097	9/14/2012	997 50	ARTS, CULTURE
P O Box 1088		Shafter	ð	93263-1088	95-3445097	9/14/2012	1,000 00	ARTS, CULTURE
P O Box 1088		Shafter	ð	93263-1088	95-3445097	11/1/2012	95 00	ARTS, CULTURE
P O Box 1088		Shafter	ర	93263-1088	95-3445097	12/31/2012	100 00	ARTS, CULTURE
1622 19th Street		Bakersfield	ర	93301	77-0543866	3/13/2012	10,000 00	-
P O Box 1011		Bakersfield	ð	93302-1011	95-2683852	9/5/2012	20,000 00	_
5405 Stockdale Hwy, Suite 200		Bakersfield	ర	93309	95-2274560	9/7/2012	25 00	_
5405 Stockdale Hwy, Suite 200		Bakersfield	ర	93309	95-2274560	12/7/2012	25 00	_
5405 Stockdale Hwy, , Suite 200		Bakersfield	ర	93309	95-2274560	12/19/2012	750 00	
5405 Stockdale Hwy, Sulte 200		Bakersfield	ð	93309	95-2274560	12/29/2012	25 00	
2600 G Street		Bakersfield	ర	93301	95-1726412	9/5/2012	10,000 00	
2417 M Street		Bakersfield	ర	93301	95-1642363	5/17/2012	895 00	YOUTH DEVEL
2417 M Street		Bakersfield	ა	93301	95-1642363	12/4/2012	2,500 00	YOUTH DEVEL
PMB #240	4492 Camino de la Plaza	San Ysidro	ð	92173-3097	95-3866667	1/27/2012	1,500 00	RELIGION
PMB #240	4492 Camino de la Plaza	San Ysidro	క	92173-3097	95-3866667	4/20/2012	1,500 00	RELIGION
PMB #240	4492 Camino de la Plaza	Sen Ysidro	Š	92173-3097	95-3866667	8/3/2012	1,500 00	RELIGION
PMB #240	4492 Camino de la Plaza	San Ysidro	ა	92173-3097	95-3866667	10/22/2012	1,500 00	
3509 Union Avenue		Bakersfield	ა	93305	77-0442212	1/5/2012	23 75	
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3509 Union Avenue		Bakersfield	5	93305	77-0442212	12/3/2012	23.75	HUMAN SERVICE
Bakersfield Rescue Mission	PO Box 2222	Bakersfield	გ	93303-2222	95-1890705	9/5/2012	20,000 00	HOUSING, SHELTER
Bakersfield Rescue Mission	PO Box 2222	Bakersfield	გ	93303-2222	95-1890705	11/20/2012	25 00	HOUSING, SHELTER
Bakersfield Rescue Mission	PO Box 2222	Bakersfield	ర	93303-2222	95-1890705	12/4/2012	5,000 00	HOUSING, SHELTER
Bakersfield Rescue Mission	PO Box 2222	Bakersfield	ర	93303-2222	95-1890705	12/10/2012	20 00	HOUSING, SHELTER
300 Galaxy Ave		Bakersfield	5	93308	95-6001764	6/27/2012	1 000 00	EDUCATIONAL
P O Box 6307		Bakersfield	ð	93386	31-1742956	5/25/2012	1,500 00	
3725 Columbus Dnve		Bakersfield	ర	93306	95-4040808	4/2/2012	416 00	EDUCATIONAL
KAXL 88 3	110 South Montclair, Suite 205	Bakersfield	క	93309		12/11/2012	20 00	
1509 Chester Avenue		Bakersfield	క	93304	95-2214686	12/3/2012	4,400 00	RELIGION
7001 Aubum Street		Bakersheld	5 8	93306	************	11/16/2012	2500	RELIGION
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University Advancement 19-AW	9001 Stockdale Highway	Bakersfield	ð	93311	95-2643086	9/5/2012	10.000 00	
University Advancement 19-AW	9001 Stockdale Highway	Bakersfield	ď	93311	95-2643086	12/5/2012	3,955 00	
2516 Palm		Bakersfield	٥	93301	77-0100496	4/2/2012	473 00	
420 34th Street		Bakersfield	ჴ.	93301	95-3555043	5/17/2012	200 00	
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League of California Foundations	P.O. Box 1303	Jamestown	5 8	95327	20-5205488	5/1/2012	20000	
Office of Financial Aid	9001 Shorkdale Hinthway	Bakerefield	5 5	9337	20-3203488	6/10/2012	200.00	
Office of Financial Aid	9001 Stockdale Highway	Bakersfield	5 5	93311	91-2147139	6/19/2012	1.000 00	EDUCATIONAL
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Grant Report		
GRANT # GRANTEE- ORGANIZATION NAME	TION NAME	ADDRESS 1
20120143 California Stata University, Bakersfield	ty, Bakersfield	Office of Financial Ald
20120160 California State Universi	ty, Bakersfield	Office of Financial Aid
20120163 California State Universi	ly, Bakersfield	Office of Financial Aid
20120181 California State Universit	ty, Bakersfield	Office of Financial Aid
20120182 California State Universi	ty Bakersfletd	Office of Financial Aid
20120195 California State University	ty Bakersfield	Office of Financial Aid
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	N Bakersfield	Office of Financial Aid
-	y, Bakersfield	Office of Financial Aid
	Santa Barbara	Financial Aid Office
_	y. Chico	Kendall Hall 213
20120070 Arvin High School		900 Varsity Avenue
20120084 Arvin High School		900 Varsity Avenue
		900 Varsity Avenue
	ge Foundation	P O Box 1249
		P.O. Box 10358
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	County	815 West Market Street #5
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_	anta Cruz	205 Hahn Student Services Built
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	es, Inc	3509 Union Avenue
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	es, Inc	3509 Union Avenue
	es, Inc	3509 Union Avenue
20120048 The Plank Foundation		1400 Faston Drive #107

ADDRESS 1	ADDRESS 2	СIT	STATE	ZIP	TAX_ID	GRANT DATE	GRANT AMOUNT	GRANT PURPOSE
Office of Financial Ald	9001 Stockdale Highway	Bakersfield	ర	93311	91-2147139	6/27/2012	1,000 00	
Office of Financial Aid	9001 Stockdale Highway	Bakersfield	5	93311	91-2147139	7/20/2012	1,000 00	
Office of Financial Aid	9001 Stockdate Highway	Bakersfield	ర స	93311	91-2147139	7/20/2012	2 000 00	
Office of Financial Aid	9001 Stockdale Highway	Bakersfield	ర :	93311	91-2147139	8/3/2012	1,000 00	
Office of Financial Aid	9001 Stockdale Highway	Bakersfield	გ :	93311	91-2147139	8/3/2012	1,000 00	
Office of Financial Aid	9001 Stockdale Highway	Bakersheid	5 8	93311	91-214/139	8/24/2012	1,000 00	
Office of Pirancial Aid	Sout Stockdale riighway	Bakersneid	5 8	93311	91-2147139	21/24/2012	2,000 00	
Office of Financial Aid	SOUT Stockdale Highway	Bakersheid	5 8	9331	91-214/139	2102/2/8	00 000,1	
Office of Financial Aid	9001 Stockdale Highway	Bakersheld	5 8	93313	91-2147139	9/14/2012	1,000 00	EDUCATIONAL
Office of Financial Aid	9001 Stockdele Highway	Rakerefield	5 5	9331	91-2147139	9/14/2012	0000,1	
Office of Engerial Aid	9001 Stockdale Highway	Bakerefield	5 5	9331	01-2147139	9/18/2012	00 000,7	
Office of Financial Aid	9001 Stockdale Highway	Bakersfield	5 5	93311	91-2147139	9/18/2012	1,000 00	
Office of Financial Aid	9001 Stockdale Highway	Bakersfield	5 &	93311	91-2147139	10/9/2012	1.000 00	
Office of Financial Aid	9001 Stockdale Highway	Bakersfield	క	93311	91-2147139	10/22/2012	1,000 00	
Financial Aid Office	2103 SAASB	Santa Barbara	. გ	93106-3180	94-3250114	8/24/2012	1,000 00	
Kendall Hall 213	400 West First Street	Chico	ర	95929-0242	95-1230865	7/20/2012	2,000 00	
900 Varsity Avenue		Arvin	ర	93203	77-0235452	4/2/2012	1 000 00	
900 Varsity Avenue		Arvin	გ	93203	77-0235452	4/16/2012	2,500 00	
900 Varsity Avenue		Arvin	ð	93203	77-0235452	4/16/2012	1,000 00	
P O Box 1249		Lake Isabella	გ.	93240	77-0548211	2/21/2012	200 00	
P O Box 10358		Bakerslield	5 8	93389	13-2923701	9/5/2012	20,000 00	
P O Box 10358		Bakersheid	5 8	93389	13-2923/01	2102/4/21	00 000'6	
F O Box 10358		Dakersheid	5 8	53300	13-2923/01	2102/01/21	2000	HUMAN SERVICE
P.O. BOX 213/4	Control of Property Poly	Dakersileid	5 8	93390	77-0024304	4/16/2012	32,000,00	-
DOX 951432, 1125 Mulpiny nau	405 Literal Avenue	LOS Angeles	56	0000-50006	93-2230001	710202012	00,005,	EDUCATIONAL
Box 951432, 1125 Murphy Hall	405 Hillipard Avenue	Los Angeres	5 8	0000-2000	95-2250801	2102/02//	00,006,1	EDUCATIONAL
Box 951452, 1125 Mulphy right	403 migaid Averiue	LOS Aligeies	5 8	0000-5006	1000027-06	2102/02/1	6,000 00	EDUCATIONAL
Box 951432, 1125 Murphy Hall	405 Higgard Avenue	Los Angeles	5 5	0005-3006	95-2250801	202/02//	8,000 00	EDUCATIONAL
1200 17th Stoot 7th Floor	אחם ביוולמים אהפויתפ	Los Arigeres	5 6	90092-9000	37-22-30001	2102/42012	00 000,5	
1300 17th Street 7th Floor		Dakomfold	5 5	93301	20.201.247.39	4/2/2012	00,000,001	FUCATIONAL
4204 24th St. State B 110-231		Dokomfield	5 8	9330	50-29207.05	4000042	00 002 •	RELIGION PELICION
1201 24th St. Suite B110-231		Bakersheld	5 8	9330	20-3320/33	2102/02/2	00 005,1	NELIGION PELIGION
2025 Meetaind Date State C		Bakersheid	5 2	93301	20-3920/39	42/5/2012	15,000,00	RELIGION
Bokersfeld Homeless Center	1600 E Taiyting Avenue	Bakarefield	5 5	93305	96,386,90	12/10/2012	00000	HOLISHIN SHELLER
1115 E Grand Ave	ייים בייותאייון אפויים	Armin Granda	5 8	9220	50-2415230	202/01/20	00 000'1	
2906 Loma Linda Drive		Bakersfield	5 5	93305	33-0024310	5/25/2012	00 009	
2906 Loma Linda Dave		Bakersfield	5 5	93305	33-0024310	12/9/2012	25 00	
2906 Loma Linda Dave		Bakersfield	క	93305	33-0024310	12/9/2012	0005	
Attn Office of Development	P O Box 2038	New Haven	5	06521-2038	06-0646973	5/25/2012	1,000 00	
Attn Office of Development	P O Box 2038	New Haven	ರ	06521-2038	06-0646973	12/3/2012	1,000 00	EDUCATIONAL
Gift Processing	P O Box 20466	Stanford	 5	94309-0466	94-1156365	8/13/2012	3'000 00	EDUCATIONAL
P O Box 1628		Bakersfield	5	93302	77-0031890	6/27/2012	250 00	PHILANTHROPY
P O Box 1628		Bakersfleld	ჴ.	93302	77-0031890	10/4/2012	2,000 00	PHILANTHROPY
201 Sproul Hall #1960		Berkeley	გ :	94720-1960	94-3250114	7/20/2012	1,500 00	EDUCATIONAL
/10 Peters Street		Wasco	5 8	93280	95-3159575	7/20/2012	6,468 00	EDUCATIONAL
P O BOX 23613		Weshington	3 2	20026-3813	53-0204604	1/2//2012	00 006,1	PHICANITACIPY
R15 West Market Street #5		Salmas	3 5	93901	77-027028	5/25/2012	00 002	FOOD NITERION
815 West Market Street #5		Salinas	5 5	93901	77-0270228	12/2/2012	100 001	
P O Box 119		Bakersfield	<u>ئ</u> ج	93302	77-0201321	12/5/2012	15,000,00	
P O Box 119		Bakersfield	క	93302	77-0201321	12/31/2012	25 00	HEALTH, GENERAL
100 Campus Service Center Biding 47		Seaside	ర	93955	80-0494808	7/20/2012	5,500 00	
205 Hahn Student Services Building	1156 High Street	Santa Cruz	ర	95064	23-7394590	7/20/2012	1,000 00	EDUCATIONAL
3509 Union Avenue		Bakersfield	ర :	93305	26-2780103	9/5/2012	361 00	HUMAN SERVICE
3509 Union Avenue		Bakerstield	5 8	93305	26-2780103	9/5/2012	24 24	
3509 Union Avenue		Bakersileid	5 5	93305	26-2780103	2102/1/11	3 2 2	HUMAN SERVICE
3509 Union Avenue		Bakersfleid	5 5	93305	26-2780103	12/2/2012	90.59	
3509 Union Avenue		Bakersfield	5 5	93305	26-2780103	12/31/2012	3,895 00	HUMAN SERVICE
1400 Easton Drive #107		Bakersfield	5	93309	77-0114147	2/21/2012	100 001	PHILANTHROPY
P O Box 29		Lee Vining	გ	93541	77-0051124	6/27/2012	250 00	ENVIRONMENTAL

	GRANT AMOUNT GRANT PURPOSE	00 00 E		5,000 00 EDUCATIONAL	2,000 00 EDUCATIONAL	500 00 RELIGION									1045 00 ARTS, COLIDE	-		25 00 COMMUNITUEVEL	250 OU ARIS, COLIORE						1,000 00 HUMAN SERVICE		500 00 DISASTER RELIEF		_		100 00 HUMAN SERVICE	1,000 00 EDUCATIONAL			_					1,000 00 SOCIAL SCIENCES	100 00 ARTS CUT URE	10,487 00 ARTS. CULTURE	997 50 ARTS, CULTURE	1,000 00 ARTS, CULTURE	3 616 05 ARTS, CULTURE	50 00 ARTS, CULTURE	398 25 ARTS, CULTURE	378 34 ARTS, CULTURE	1,500 00 RELIGION	NOISITED OF DOS						25 00 RELIGION	100 OD RELIGION			25 00 HUMAN SERVICE
	GRANT DATE G	012	2/29/2012	7/20/2012	8/24/2012	8/3/2012	5/25/2012	12/3/2012	8/13/2012	9/17/2012	9/17/2012	2772012	6/19/2012	7/24/2012	0/14/2012	3/14/2012	147047042	2102/12/11	11/16/2012	11/20/2012	12/17/2012	12/17/2012	12/5/2012	1/27/2012	217/2012	2772012	2/21/2012	2/21/2012	2/21/2012	372/2207	3/23/2012	4/2/2012	12/2/02/02/12	4/22/2012	4/26/2012	4/27/2012	4/26/2012	4/27/2012	5/17/2012	2102/62/6	6/19/2012	7724/2012	9/14/2012	9/14/2012	7/24/2012	8/25/2012	9/17/2012	9/17/2012	10/2/2012	9/5/2012	9772012	10/1/2012	9/28/2012	11/9/2012	12/4/2012	2102/2017	12/2/2012	11/26/2012	11/27/2012	12/31/2012
	TAX_ID	94-6081352	43-1152398	95-1642394	95-2544535	16-1679738	22-2624532	22-2624532	36-2169157	80-0516825	80-0516825	27-2313757	27-2313757	61-1539533	61-1530533	61-1530533	90 01 09946	77 0500707	95-3167869	95-3167869	77-0344298	77-0344298	13-2923701	94-1294942	80-0719925	95-6001764	68-0640269	77-0439207	95-3411459	34-1204056	23-1989161	95-2643086	30-0636031	27-3170555	42-1584502	42-1584502	94-3081666	94-3081666	95-6001764	77-0555874	80-0238008	23-7351668	23-7351668	23-7351668	77-0335833	77-0335833	77-0335833	77-0335833	95-6150002	58-03-58620	36-3245072	94-2808039	94-6000662	77-0504929	08//525-/2		13-5661935		95-2858936	95-2858936
	diz	95616	64105	90089-0914	92093-0021	93313	90025	90025	60566-9984	93225	93225	93203	93203	97556	93556	93556	93304	9330	93301	93301	93301	93301	94107	93304	93225	93301	93240	93240	93240	16761	19109	93016	93561	93309	93308	93308	94102	94102	93306	20003	92263	93301	93301	93301	93384	93384	93384	93384	91951-0008	95561	60201	95003	93304	93389	93307	93312	93301	93312	93305	93305
	STATE	5	Θ	5	ర	ర	8	ð	یے	5	5	5	5 5	8	5 5	5 5	5 6	5 6	S &	<u>ه</u>	ð	Š	Š	ర	ర	5	ა	ა	5 8	5 8	₹	5 6	5 5	ď	Ą	ర	5 :	გ	5 8	3 6	క చ	క	క	5	. ۵	გ;	56				<u></u>	ð	₹	გ გ	5 8	5 5	5 5	ď	ర	క
	CITY	Davis	Kansas Clty	Los Angeles	La Jolla	Bakersfield	Los Angeles	Los Angeles	Naperville	Frazier Park	Frazier Park	Arvin	Arvin	Ridnerrest	Ridoecrest	Richarrast	Bakarefield	Cambrin	Bakersfield	Bakersfield	Bakersfield	Bakersfield	San Francisco	Bakersfield	Frazier Park	Bakersfield	Lake Isabella	Lake Isabella	Classical Sabella	Streetsboro	Printed cipma	Bakerefield	Tehachapi	Bakersfield	Bakersfield	Bakersfield	San Francisco	San Francisco	Machinolog	Bakerefleld	Palm Springs	Bakersfield	Bakersfield	Bakersfield	Bakersfield	Bakersfield	Bakerstield	Bakersheld	National City	Roseville	Evanston	Aptos	Bakersfield	Bakersheld	Bakersheid Paliamed	Bakersheld	Bakersfield	Bakersfield	Bakersfleld	Bakersheld
	ADDRESS 2	One Shields Avenue							P O Box 3063										420 34th Street	420 34th Street											1 Shletde Avenue																													
	ADDRESS 1	Gifts Administration	1055 Broadway, Suite 130	700 Child's Way, JHH 324	9500 Gilman Drive #0021			10495 Santa Monica Blvd, Ste 100	Development Office	P O Box 1929	P O Box 1929	424 Plumtree Drive	424 Plumtree Drive	PO Box 264	PO Box 264	PO Box 264	2200 'M' Street Suite 200	P.O. Box 494	Bakersfield Memorial Hospital	Bakersfield Memonal Hospital		2000 24th Street Suite 130	832 Folsom Street	900 H Street	P O Box 1902	1241 G Street	2900 Claire Street	P O Box 1287	8712 Jawbone Avenue	1997 Deel Medudw Divu	Athletic Development	9001 Stockdale Hichway	22201 Amberwood Ct	333 Palmer Dnve	1700 N Chester Avenue	1700 N Chester Avenue	1360 Mission Street #300	1360 Mission Street #300	1333 H Street NW	3300 Trixtin Avenue, Stute 200		1931 Chester Avenue	1931 Chester Avenue	1931 Chester Avenue	Po Box 41344	Po Box 41344	Po Box 41344	PO BOX 41.544	P O Box 58	8203 Sierra College Blvd	1560 Sherman Avanue, #Ll 1	7807 Soquel Drive	1831 Brundage Lane	P O Box 12154	4301 Caloures Date	7300 Stockdale Hintway	1800 30th Street, Ste 105	2416 Dean Avenue	2	1600 E Truxtun Avenue
Grant Roport											20120246 Center of the World Festival, Inc.	20120021 Colloge Dream Fund	20120133 College Dream Fund							20120293 Bakersfleld Ronald McDonald House		20130029 CASA of Kern County						20120038 Kern County Sherriff B Dept Search and Rescue - Kern Valley Unit	20120045 National Society of the Daugnters of the American Revolution, Rawaiisu Chapter						20130154 Covenant Community Services, Inc			20120091 Mercy Housing of California	20120105 Casa bakeisiield nigit adrigot 20120115 American Constitution Society							20120203 Imagine Ballat Company		_				_		20120276 Bakersiigid Chinese School 20120218 Advenced Center for Eve Cere			_	_		2013/003/ Bakerslieid Homeless Center

Kern Community Foundation EIN 77-0555874 2012 Form 990 Attachment to Schodule I Grant Roport	NT # GRANTEE- ORGANIZATION NAME 20120304 ALLU Foundation 20120304 The Caref Foundation 20120305 Actu Founder Foundation 20120305 Souts Youth Felliny 20120304 Wounded Worthor Project, Inc. 20120314 Andrean Cancer Society, Inc. 2012034 Andrean Early Imphorina Society 2012034 Andrean Early Imphorina Society 2012035 Leukemia and Lymphorina Society 2012035 Leukemia and Lymphorina Society 2012035 Leukemia and Lymphorina Society 2012035 University of San Diego 2012035 University of San Diego 20130303 American Lovish World Service, Inc. 20130045 Britage Blide Church 20130045 American Lovish World Service, Inc. 20130045 St Francia Assisi Church 20130043 St Francia Assisi Church 20130048 St Francia Assisi Church 20130048 World Witalife Fund
Kern Communit EIN 77-0555874 2012 Form 990 Attachment to S Grant Report	GRANT # 20122 20122 20122 20122 20122 20122 20132 20130 20130 20130 20130 20130 20130 20130 20130 20130 20130 20130

ADDRESS 1	ADDRESS 2	CITY	STATE	diZ	TAX_ID			JRPOSE
125 Broad Street		New York	ż	10004	13-6213516	12/3/2012	500 00 CIVIL RIGHTS	Z
P O Box 1050		Carmel	క	93921	94-1225368	12/3/2012	100 00 HUMAN SERVIC	RVICE
Social Services	408 Leeta Street	Bakersfield	5	93307	43-2096756	12/1/2012	25 00 HUMAN SERVICE	RVICE
4899 Belfort Road, Suite 300		Jacksonville	ፈ	32256	20-2370934	12/6/2012	50 00 PUBLIC AFFAIRS	FAIRS
4208 Rosedale Hwy 302	Box 161	Bakersfield	క	93308	27-1443110	12/11/2012	15,000 00 RELIGION	
1205 E Seginaw		Lansing	Ξ	48906	38-1387120	12/8/2012	50 00 DISEASE/DISORDER	ISORDER
6033 W Century Blvd, Suite 300		Los Angeles	ర	90045	13-5644916	12/13/2012	25 00 DISEASE/DISORDEF	ISORDER
6033 W Century Blvd, Suite 300		Los Angeles	క	90045	13-5644916	12/13/2012	25 00 DISEASE/DISORDER	ISORDER
5998 Alcala Park		San Diego	5	92110-2492		12/11/2012	50 00 EDUCATIONAL	NAL
5998 Alcala Park		San Diego	క	92110-2492		12/31/2012	100 00 EDUCATIONAL	NAL
1708 Chester Avenue		Bakersfletd	5	93301	27-1019534	12/12/2012	50 00 HUMAN SERVICE	RVICE
45 W 36th Street		New York	ž	10018	22-2584370	12/27/2012	25 00 INTERNATIONAL	ONAL
12225 Stockdale Highway		Bakersfield	გ	93314		12/29/2012	200 00 RELIGION	
PO Box 21903		Lexington	₹	40522-1903	13-1623888	12/29/2012	25 00 DISEASE/DISORDER	SORDER
34 Washington St., Surte 200		Wellesley	Ψ¥	02481-1903	52-2396428	12/29/2012	25 00 MEDICAL RESEARCH	ESEARCH
341 W 38th Street		New York	ž	10018	91-2049420	12/29/2012	25 00 DISEASE/DISORDEF	ISORDER
900 H Street		Bakersfietd	క	93304	53-0196617	12/31/2012	100 00 RELIGION	
900 H Street		Bakersfield	ర	93304	53-0196617	12/31/2012	2500 RELIGION	
1250 Twenty Fourth Street NW		Washington	8	20037-1175	52-1693387	12/31/2012	25 00 ANIMAL-RELATED	LATED
PO Box 2222		Bakersfield	5	93303		3/16/2012	25 00 HOUSING,	SHELTER
						•	749,119 55	
		charity giving cards payable at YE	ards payable	at YE			17.325 00	
		stewn grant ret	ured same ye	stewn grant retured same year issued 20120155	3155		5,500 00	
		grant from KCF	ON to bgole	grant from KCFON to bgcfe to close fund (bfcfe = agency fund)	fcfe = egency fu	(pur	3 60	
		grant from KCF	ON to baym!	grant from KCFON to bsymfe to close fund (bsymfe = agency fund)	bsymfe = agen	cy fund)	0 11	
							\$ 771,948.26	

Form **8868**

(Rev. January 2013)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return. Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs gov/efile and click on e-file for Charitles & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or print KERN COMMUNITY FOUNDATION 77-0555874 File by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) due date for filing your 3300 TRUXTUN AVENUE, NO. 220 City, town or post office, state, and ZIP code. For a foreign address, see instructions Instructions BAKERSFIELD, CA 93301 Enter the Return code for the return that this application is for (file a separate application for each return) **Application Application** Return Return is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A O8 Form 4720 (Individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 DANETTE RINEHART The books are in the care of ▶ 3300 TRUXTUN AVE, STE. 220 - BAKERSFIELD, CA 93301 Telephone No. ► 661-325-5346 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013 ___, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2012 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return L Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3а If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2013)

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