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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation THE BAKERSFIELD CALIFORNIAN FOUNDATION ATTN CFO		<b>A Employer identification number</b> 95-3227803	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 440		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code BAKERSFIELD, CA 933020440		<b>B</b> Telephone number (see instructions) (661) 395-7256	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>C</b> If exemption application is pending, check here <input type="checkbox"/> <b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 15,394,437		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	0			
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .	121,816	121,816		
	<b>4</b> Dividends and interest from securities . . . . .	195,927	195,927		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 _____	902,040			
	<b>b</b> Gross sales price for all assets on line 6a _____ 4,246,535				
	<b>7</b> Capital gain net income (from Part IV , line 2) . . . .		902,040		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances _____				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .	610	610		
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	1,220,393	1,220,393		
	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	0	0		0
	<b>14</b> Other employee salaries and wages . . . . .	51,977	0		51,977
	<b>15</b> Pension plans, employee benefits . . . . .	7,846	0		7,846
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule). . . . .	28,000	28,000		0
	<b>c</b> Other professional fees (attach schedule) . . . . .	30,560	30,560		0
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . .	16,023	11,807		4,216
	<b>19</b> Depreciation (attach schedule) and depletion . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings. . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	9,489	0		9,489
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	143,895	70,367		73,528
	<b>25</b> Contributions, gifts, grants paid . . . . .	879,783			879,783
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,023,678	70,367		953,311
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	196,715			
	<b>b Net investment income</b> (if negative, enter -0-)		1,150,026		
<b>c Adjusted net income</b> (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	31,005	169,655	169,655
	2	Savings and temporary cash investments . . . . .	20,285	7,234	7,234
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .	3,068,753		
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .	13,372,168	15,491,841	15,217,548
	Liabilities	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____		
15		Other assets (describe ▶ _____)			
16		Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	16,492,211	15,668,730	15,394,437
17		Accounts payable and accrued expenses . . . . .			
Net Assets or Fund Balances	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .	0	0	
Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	16,492,211	15,668,730	
	30	Total net assets or fund balances(see instructions) . . . . .	16,492,211	15,668,730	
	31	Total liabilities and net assets/fund balances(see instructions) . . . . .	16,492,211	15,668,730	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1 16,492,211
2	Enter amount from Part I, line 27a . . . . .	2 196,715
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3 . . . . .	4 16,688,926
5	Decreases not included in line 2 (itemize) ▶ _____	5 1,020,196
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6 15,668,730

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1a See Additional Data Table				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	902,040
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	854,263	10,789,153	0 079178
2013	594,940	9,605,751	0 061936
2012	406,086	5,771,740	0 070358
2011	250,706	4,488,446	0 055856
2010	82,535	1,643,805	0 050210

2 Total of line 1, column (d).	2	0 317538
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 063508
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	13,928,705
5 Multiply line 4 by line 3.	5	884,584
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	11,500
7 Add lines 5 and 6.	7	896,084
8 Enter qualifying distributions from Part XII, line 4.	8	953,311

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

**Part VI** **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	11,500
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	11,500
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	11,500
<b>6</b>	Credits/Payments		
<b>a</b>	2015 estimated tax payments and 2014 overpayment credited to 2015	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868). . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	194
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	11,694
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <b>▶</b> <b>Refunded</b> <b>▶</b>	<b>11</b>	

**Part VII-A** **Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		<b>Yes</b>	<b>No</b>
<b>1a</b>				<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>0</b> <b>(2)</b> On foundation managers <b>▶</b> \$ _____ <b>0</b>			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____ <b>0</b>			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>		<b>No</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>		<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>		<b>No</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	<b>Yes</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	<b>Yes</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> CA _____			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	<b>Yes</b>	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>		<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>		<b>No</b>

Part VII-A

Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW.BAKERSFIELDCALIFORNIANFOUNDATION.ORG	13	Yes	
14	The books are in care of ▶ MICHELLE CHANTRY Telephone no ▶ (661) 395-7256 Located at ▶ PO BOX 440 BAKERSFIELD CA ZIP+4 ▶ 93302			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ▶	16	Yes No	No No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions ).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015 ).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

**5a** During the year did the foundation pay or incur any amount to

**(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

**(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

**(3)** Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No **5b**

Organizations relying on a current notice regarding disaster assistance check here. ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No

*If "Yes," attach the statement required by Regulations section 53.4945–5(d)*

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** **No**

*If "Yes" to 6b, file Form 8870*

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. ☐ **0**

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0



**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	14,093,811
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	47,006
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	14,140,817
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	14,140,817
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	212,112
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	13,928,705
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	696,435

**Part XI Distributable Amount**(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	696,435
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	11,500
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	11,500
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	684,935
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	684,935
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	684,935

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	953,311
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	953,311
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	11,500
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	941,811

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				684,935
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				
c From 2012. . . . .				112,722
d From 2013. . . . .				127,420
e From 2014. . . . .				331,035
f Total of lines 3a through e. . . . .	571,177			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 953,311				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2015 distributable amount. . . . .				684,935
e Remaining amount distributed out of corpus	268,376			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	839,553			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	839,553			
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .				112,722
c Excess from 2013. . . .				127,420
d Excess from 2014. . . .				331,035
e Excess from 2015. . . .				268,376

## Part XIV

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**b** Check box to indicate whether the organiza

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Complete this part only if the organization had \$5,000 or more in

## Part XV

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

TRACY COWENHOVEN  
P O BIN 440  
BAKERSFIELD,CA 93302  
(661) 395-7290  
TCOWENHOVEN@BAKERSFIELD

**b** The form in which applications should be submitted and information and materials they should include

GRANT APPLICATION FORM AVAILABLE ON FOUNDATION WEBSITE SHALL PROVIDE ORGANIZATION NAME, ADDRESS, CONTACT PERSON, PURPOSE OF ORGANIZATION, PROJECT FOR WHICH FUNDS ARE SOUGHT, PROJECT NEEDS, INFORMATION RELATED TO SIMILAR PROGRAMS, FUTURE FUNDING, INFORMATION RELATING TO LASTING BENEFITS, AND INVOLVEMENT OF OTHER GROUPS. REQUESTS MUST ALSO INCLUDE A BUDGET FOR THE PROJECT, OPERATING BUDGET FOR THE ORGANIZATION, IRS EXEMPTION LETTER, AND A LIST OF THOSE ON THE GOVERNING BOARD.

**c Any submission deadlines**

APRIL 8 AND OCTOBER 18

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

DISBURSE FUNDS SPECIFICALLY FOR EDUCATION AND THE ARTS TO ORGANIZATIONS IN KERN COUNTY THAT ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE 501(C)(3) EXEMPTION

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total . . . . .</div>			<div>3a</div>	879,783
<div>b Approved for future payment</div>				
<div>Total . . . . .</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of		
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>	<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>	<b>No</b>
<b>b</b> Other transactions		
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>	<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>	<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>	<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>	<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>	<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>	<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>	<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes  
☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** _____ Signature of officer or trustee	2016-11-08 _____ Date	***** _____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.)? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name LOUIS J BARBICH	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00441288
	Firm's name ▶ BARBICH HOOPER KING DILL HOFFMAN			Firm's EIN ▶ 95-3705481	
	Firm's address ▶ 5001 E COMMERCENTER DR STE 350 BAKERSFIELD, CA 93309			Phone no (661) 631-1171	

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	Date acquired <b>(c)</b> (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
BERNSTIEN SHORT TERM COVERED	P	2015-01-01	2015-06-30
BERNSTIEN LONG TERM COVERED	P	2014-01-01	2015-06-30
BERNSTIEN LONG TERM NON COVERED	P	2014-01-01	2015-06-30
BERNSTIEN LONG TERM CASH IN LIEU	P	2014-01-01	2015-05-06
LESS BERNSTEIN SHORT TERM WASH SALES	P	2015-01-01	2015-06-30
LESS BERNSTEIN LONG TERM WASH SALES	P	2014-01-01	2015-06-30
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
1,360,291		1,306,335	53,956
2,003,302		1,456,471	546,831
649,641		581,689	67,952
148			148
1,578			1,578
5,326			5,326
226,249			226,249

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) <b>or</b> Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
			53,956
			546,831
			67,952
			148
			1,578
			5,326
			226,249

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-)</b>	Contributions to employee benefit plans and deferred compensation <b>(d)</b>	Expense account, other allowances <b>(e)</b>
VIRGINIA COWENHOVEN PO BOX 440 BAKERSFIELD,CA 93302	BOARD MEMBER 0 50	0	0	0
GINGER MOORHOUSE PO BOX 440 BAKERSFIELD,CA 93302	PRESIDENT 10 00	0	0	0
TRACEY COWENHOVEN PO BOX 440 BAKERSFIELD,CA 93302	VICE PRESIDENT 30 00	0	0	0
RICHARD BEENE PO BOX 440 BAKERSFIELD,CA 93302	SECRETARY/TREASURER 0 50	0	0	0
CYNTHIA ICARDO PO BOX 440 BAKERSFIELD,CA 93302	BOARD MEMBER 0 50	0	0	0
SHERYL BARBICH PO BOX 440 BAKERSFIELD,CA 93302	BOARD MEMBER 0 50	0	0	0
JOHN MOORHOUSE PO BOX 440 BAKERSFIELD,CA 93302	BOARD MEMBER 0 50	0	0	0
PETER COWENHOVEN PO BOX 440 BAKERSFIELD,CA 93302	BOARD MEMBER 0 50	0	0	0
ANNA COWENHOVEN PO BOX 440 BAKERSFIELD,CA 93302	BOARD MEMBER 0 50	0	0	0



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION 420 34TH STREET BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	50,000
KERN COUNTY MUSEUM FOUNDATION 3801 CHESTER AVE BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	52,000
CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION COMMUNICATIONS DEPT 9001 STOCKDALE HWY BAKERFIELD,CA 93311	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	3,500
AFFORD FOUNDATION 2821 RIO LINDA DR BAKERFIELD,CA 93305	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	1,800
BIT-O-HEAVEN RANCH INC 13453 OLEN AVE BAKERFIELD,CA 93311	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	23,000
COLLEGE DREAM FUND JIM YOUNG 424 PLUMTREE DR ARVIN,CA 93203	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	3,200
THE SALVATION ARMY TEHACHAPI SERVICE CENTER 538 TECHACHAPI BLVD TEHACHAPI,CA 93561	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	11,520
HAVE A HEART HUMANE SOCIETY 1121 W VALLEY BLVD STE A TEHACHAPI,CA 93561	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	3,500
TEJON RANCH CONSERVANCY PO BOX 216 FRAZIER PARK,CA 93225	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	25,000
FOX THEATER FOUNDATION 2001 H STREET BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	30,000
ARTS COUNCIL OF KERN 1330 TRUXTUN AVE STE B BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	4,800
BAKERSFIELD FOUNDATION 1600 TRUXTUN AVE BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	9,975
BAKERSFIELD MUSIC THEATRE STARS 1931 CHESTER AVE BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	40,000
BIKE BAKERSFIELD 1708 CHESTER AVE BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	5,000
GARDEN PATHWAYS 1616 29TH STREET BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	35,000
<b>Total . . . . . ▶ 3a</b>				879,783

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WINGS OF RESCUE 5959 TOPANGA CANYON BLVD 285 WOODLAND HILLS,CA 91367	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	28,000
BAKERSFIELD MUSEUM OF ART 1930 R ST BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	81,350
FIRST BOOK-BAKERSFIELD PO BOX 2503 BAKERFIELD,CA 93303	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	5,000
BUENA VISTA MUSEUM NATURAL HISTORY AND SCIENCE 2018 CHESTER AVE BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	30,000
KERN ATHLETIC FENCING FOUNDATION 10717 LOUGHTON AVE BAKERFIELD,CA 93311	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	7,500
PET MATCH MAKER CALIFORNIA 16612 PALM AVE BAKERFIELD,NY 93314	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	16,453
HOFFMAN HOSPICE 8501 BRIMHALL RD BLDG 100 BAKERFIELD,CA 93312	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	5,950
KEEP BAKERSFIELD BEAUTIFUL CO THE BAKERSFIELD FOUNDATION 4101 TRUXTUN AVE BLDG A BAKERFIELD,CA 93309	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	26,880
JUNIOR LEAGUE OF BAKERSFIELD PO BOX 2920 BAKERFIELD,CA 93303	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	41,797
UNITED WAY OF KERN COUNTY 5405 STOCKDALE HWY STE 200 BAKERFIELD,CA 93309	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	15,000
READY TO START 1300 17TH STREET BAKERFIELD,CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICES SUPPORT	15,000
LIGHTWAVE EDUCATION 333 PALMER DR 220 BAKERFIELD,CA 93309	NONE	EXEMPT ORG	PROGRAM SERVICES SUPPORT	10,000
KERN AGRICULTURAL FOUNDATION 3300 EAST BELLE TERRACE BAKERFIELD,CA 93307	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	4,058
KAWAIIISU LANGUAGE AND CULTURAL CENTER 21700 INDIAN WELLS DR TEHACHAPI,CA 93561	NONE	EXEMPT ORG	PROGRAM SERVICES SUPPORT	6,000
DONORSCHOOSEORG ATTN FINANCIAL OPERATIONS 134 WEST 37TH ST FLOOR 11 NEW YORK,NY 10018	NONE	EXEMPT ORG	PROGRAM SERVICES SUPPORT	12,000
<b>Total . . . . . ▶ 3a</b>				879,783

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
KCSOS ED SERVICES FOUNDATION ATTN STEVE SANDERS 1300 17TH STREET CITY CENTRE BAKERFIELD, CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICES SUPPORT	1,500
CHILDREN FIRST CAMPAIGN PO BOX 1374 BAKERFIELD, CA 93308	NONE	EXEMPT ORG	PROGRAM SERVICES SUPPORT	50,000
LAMONT WOMENS CLUB INC PO BOX 464 LAMONT, CA 93241	NONE	EXEMPT ORG	PROGRAM SERVICES SUPPORT	25,000
INDEPENDENT LIVING CENTER OF KC 5251 OFFICE PARK DR STE 200 BAKERFIELD, CA 93309	NONE	EXEMPT ORG	PROGRAM SERVICES SUPPORT	25,000
BAKERSFIELD SPCA 3000 GIBSON ST BAKERFIELD, CA 93308	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	50,000
COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERFIELD, CA 93309	NONE	EXEMPT ORG	PROGRAM SERVICES SUPPORT	100,000
YOUTH 2 LEADERS EDUCATION FOUNDATION 2920 H STREET STE 100 BAKERFIELD, CA 93301	NONE	EXEMPT ORG	PROGRAM SERVICE SUPPORT	25,000
<b>Total . . . . . ▶ 3a</b>				879,783

**TY 2015 Accounting Fees Schedule****Name:** THE BAKERSFIELD CALIFORNIAN FOUNDATION

ATTN CFO

**EIN:** 95-3227803

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	28,000	28,000		0

**TY 2015 Investments - Other Schedule**

**Name:** THE BAKERSFIELD CALIFORNIAN FOUNDATION  
ATTN CFO

**EIN:** 95-3227803

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SANFORD BERNSTEIN SECURITIES	AT COST	15,491,841	15,217,548

**TY 2015 Other Decreases Schedule****Name:** THE BAKERSFIELD CALIFORNIAN FOUNDATION

ATTN CFO

**EIN:** 95-3227803

Description	Amount
2015 UNREALIZED GAIN/LOSS	1,020,196

**TY 2015 Other Expenses Schedule****Name:** THE BAKERSFIELD CALIFORNIAN FOUNDATION

ATTN CFO

**EIN:** 95-3227803

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES	1,026	0		1,026
WEBSITE MAINTENANCE & SOFTWARE LICENSES	7,504	0		7,504
MEALS & ENTERTAINMENT	303	0		303
BANK FEES	656	0		656

**TY 2015 Other Income Schedule**

**Name:** THE BAKERSFIELD CALIFORNIAN FOUNDATION  
ATTN CFO

**EIN:** 95-3227803

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISC INCOME	288	288	288
SANFORD C BERNSTEIN & CO, LLC	322	322	322



**TY 2015 Other Professional Fees Schedule**

**Name:** THE BAKERSFIELD CALIFORNIAN FOUNDATION  
ATTN CFO

**EIN:** 95-3227803

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	30,560	30,560		0

**TY 2015 Taxes Schedule****Name:** THE BAKERSFIELD CALIFORNIAN FOUNDATION

ATTN CFO

**EIN:** 95-3227803

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES & FILING FEES	7,624	7,624		0
PAYROLL TAXES	4,216	0		4,216
FOREIGN TAXES	4,183	4,183		0