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Daniells
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Member of the McGladrey Network

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Private Companies Practice Section

United Way of Kern County
5405 Stockdale Highway No. 200
Bakersfield, CA 93309

To the Board of Directors:

Enclosed are the original and one copy of the 2009 Exempt
Organization returns, as follows...

2009 FORM 990

2009 CALIFORNIA FORM 199

2009 CALIFORNIA FORM RRF-1

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please
contact us if you have any questions concerning the tax
return.

Sincerely,

Patrick W. Paggi, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2010

Prepared for	United Way of Kern County 5405 Stockdale Highway No. 200 Bakersfield, CA 93309
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	February 15, 2011
Special Instructions	The return should be signed and dated.

Form **990**

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		UNITED WAY OF KERN COUNTY		95-2274560
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
5405 STOCKDALE HIGHWAY		200	661-834-1820	
City or town, state or country, and ZIP + 4		G Gross receipts \$ 2,417,605.		
BAKERSFIELD, CA 93309		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer: DELLA D. HODSON		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SAME AS C ABOVE		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: WWW.UWKERN.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1963 M State of legal domicile: CA		

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE UNITED WAY OF KERN COUNTY IS TO "MOBILIZE DONORS, ADVOCATES AND VOLUNTEERS TO</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	1100
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,988,859.	1,963,038.
	9 Program service revenue (Part VIII, line 2g)	79,663.	45,465.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<92,973.>	23,130.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,556.	9,509.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,009,105.	2,041,142.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,070,575.	656,525.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	341,500.	399,818.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 175,302.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	548,172.	486,218.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,960,247.	1,542,561.	
19 Revenue less expenses. Subtract line 18 from line 12	48,858.	498,581.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,815,187.	End of Year 2,007,175.
	21 Total liabilities (Part X, line 26)	996,145.	700,433.
	22 Net assets or fund balances. Subtract line 21 from line 20	819,042.	1,306,742.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer	Date	
	DELLA D. HODSON, PRESIDENT		
Paid Preparer's Use Only	Preparer's signature	Date	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶
DANIELLS PHILLIPS VAUGHAN & BOCK		Phone no. ▶ 661-834-7411	
300 NEW STINE ROAD			
BAKERSFIELD, CA 93309			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE MISSION OF THE UNITED WAY OF KERN COUNTY IS TO "MOBILIZE DONORS, ADVOCATES AND VOLUNTEERS TO IMPROVE LIVES IN KERN COUNTY." THE ORGANIZATION ACCOMPLISHES THIS BY RAISING AND INVESTING FINANCIAL RESOURCES IN PROGRAMS THAT ADVANCE THE COMMON GOOD; COLLABORATING WITH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 710,653. including grants of \$) (Revenue \$) COMMUNITY INVESTMENT GRANT-MAKING. UWKC REINVESTS DONOR FUNDS IN THE COMMUNITY THROUGH AN ANNUAL GRANT-MAKING PROCESS. THIS VOLUNTEER-LED PROCESS INCLUDES REVIEW OF WRITTEN APPLICATIONS AND FINANCIAL RECORDS; ON-SITE VISITS; INTERVIEWS WITH LEADERS OF THE APPLICANT ORGANIZATIONS; AND REVIEW OF PROGRAM OUTCOMES. THE OBJECTIVE IS TO SUPPORT COMMUNITY BASED PROGRAMS THAT PROVIDE BASIC NEEDS SERVICES AND OTHER SERVICES TO THE COMMUNITY. 16 FUNDED PROGRAMS SERVED ABOUT 460,000 IN FY 09/10, BASED ON OUTCOMES REPORTS FROM AGENCIES.

4b (Code:) (Expenses \$ 17,196. including grants of \$) (Revenue \$) DAY OF CARING: THIS PROGRAM PAIRS VOLUNTEERS FROM LOCAL COMPANIES AND SERVICE ORGANIZATIONS WITH HEALTH AND HUMAN SERVICE AGENCIES TO COMPLETE MUCH NEEDED PROJECTS IN OUR COMMUNITY. THE SEPTEMBER 2009 EVENT INCLUDED APPROXIMATELY 1,000 VOLUNTEERS WHO PROVIDED ABOUT 4,300 HOURS OF SERVICE TO 28 AGENCIES.

4c (Code:) (Expenses \$ 44,350. including grants of \$) (Revenue \$) VOLUNTEER INCOME TAX ASSISTANCE UWKC SERVES AS LEAD AGENCY TO A NETWORK OF NONPROFIT ORGANIZATIONS PROVIDING FREE INCOME TAX ASSISTANCE TO LOW-INCOME WORKERS. IN FY 2009, THE NETWORK COMPLETED APPROXIMATELY 4,300 TAX RETURNS AND RETURNED \$2.4 MILLION IN EARNED INCOME TAX CREDIT AND \$760,000 IN CHILD TAX CREDIT TO KERN FILERS. TOTAL REFUNDS CLAIMED FOR THE TAX YEAR BY VITA CLIENTS WAS \$5.4 MILLION.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 423,938. including grants of \$) (Revenue \$ 45,465.)

4e Total program service expenses \$ 1,196,137.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
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 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b.

Form 990 (2009)

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (19); 1b Enter the number of voting members that are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
THE ORGANIZATION - 661-834-1820
5405 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93309

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.
- 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TERESA FORD CHAIR	2.00	X		X				0.	0.	0.
NICOLETTE CROSS, CPA TREASURER	2.00	X		X				0.	0.	0.
DEBRA MORENO SECRETARY	2.00	X		X				0.	0.	0.
MICHAEL V. BLAKE BOARD MEMBER	1.00	X						0.	0.	0.
CRAIG BONNA BOARD MEMBER	1.00	X						0.	0.	0.
KEITH BRICE BOARD MEMBER	1.00	X						0.	0.	0.
DON BYNUM BOARD MEMBER	1.00	X						0.	0.	0.
ROGER CHRISTY BOARD MEMBER	1.00	X						0.	0.	0.
GAURDIE E. BANISTER, JR. VICE CHAIR	1.00	X		X				0.	0.	0.
NORA DOMINGUEZ BOARD MEMBER	1.00	X						0.	0.	0.
TOM DORLIS BOARD MEMBER	1.00	X						0.	0.	0.
GREGORY HEISS BOARD MEMBER	1.00	X						0.	0.	0.
DAN KLINGENBERGER BOARD MEMBER	1.00	X						0.	0.	0.
DAVID HALLET BOARD MEMBER	1.00	X						0.	0.	0.
JORDAN KAUFMAN BOARD MEMBER	1.00	X						0.	0.	0.
DANIELLE DAVIS, APR BOARD MEMBER	1.00	X						0.	0.	0.
DR. LARRY REIDER BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROGER TUCKER BOARD MEMBER	1.00	X						0.	0.	0.
LONIE WATTENBARGER BOARD MEMBER	2.00	X						0.	0.	0.
TOM CORSON BOARD MEMBER	1.00	X						0.	0.	0.
CHRISTINA DIXON BOARD MEMBER	1.00	X						0.	0.	0.
DELLA HODSON PRESIDENT	40.00			X				65,550.	0.	4,762.
1b Total								65,550.	0.	4,762.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 1891702.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 71,336.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1963038.			
	Program Service Revenue	2 a FEMA	Business Code 624200	20,902.	20,902.	
b ADMINISTRATIVE FEES		624100	15,962.	15,962.		
c COMMUNITY CONFERENCE		624100	8,601.	8,601.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			45,465.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		23,176.		23,176.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	376417.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	372017. 4,446.			
		c Gain or (loss)	4,400. <4,446.>			
	d Net gain or (loss)		<46.>		<46.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a HOMELESS COLLABORATIVE	624200	4,200.	4,200.			
b MISC. INCOME	624200	2,933.	2,933.			
c DAY OF CARING	624200	2,376.	2,376.			
d All other revenue						
e Total. Add lines 11a-11d		9,509.				
12 Total revenue. See instructions.		2041142.	54,974.	0.	23,130.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	656,525.	656,525.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	68,400.	32,148.	20,520.	15,732.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	331,418.	212,169.	37,022.	82,227.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,785.	8,428.	3,696.	2,661.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	7,828.	5,835.	1,159.	834.
13 Office expenses	14,404.	8,729.	1,672.	4,003.
14 Information technology				
15 Royalties				
16 Occupancy	92,088.	52,490.	23,022.	16,576.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,259.	4,315.	981.	963.
20 Interest				
21 Payments to affiliates	25,870.		25,870.	
22 Depreciation, depletion, and amortization	7,707.	4,393.	1,927.	1,387.
23 Insurance	5,047.	2,877.	1,262.	908.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACT SERVICES	228,196.	145,047.	42,710.	40,439.
b DAY OF CARING	28,085.	28,085.		
c REPAIR/MAINTENANCE	13,531.	7,713.	3,383.	2,435.
d TRANSPORTATION	10,255.	6,965.	968.	2,322.
e MISCELLANEOUS	7,619.	4,817.	1,413.	1,389.
f All other expenses	24,544.	15,601.	5,517.	3,426.
25 Total functional expenses. Add lines 1 through 24f	1,542,561.	1,196,137.	171,122.	175,302.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	20,948.	1	6,796.	
	2 Savings and temporary cash investments	502,800.	2	635,379.	
	3 Pledges and grants receivable, net	776,860.	3	752,749.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	24,667.	8	24,667.	
	9 Prepaid expenses and deferred charges	17,638.	9	14,835.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 152,406.			
	b Less: accumulated depreciation	10b 133,000.	24,629.	10c 19,406.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	447,645.	12	553,343.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,815,187.	16	2,007,175.		
Liabilities	17 Accounts payable and accrued expenses	47,444.	17	49,951.	
	18 Grants payable		18		
	19 Deferred revenue	171,463.	19	280,198.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	777,238.	25	370,284.	
	26 Total liabilities. Add lines 17 through 25	996,145.	26	700,433.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	819,042.	27	1,306,742.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	819,042.	33	1,306,742.	
34 Total liabilities and net assets/fund balances	1,815,187.	34	2,007,175.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	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.		

Form 990 (2009)

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

2009

Open to Public Inspection

Name of the organization **UNITED WAY OF KERN COUNTY** Employer identification number **95-2274560**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,241,141.	2,177,816.	1,961,175.	2,072,363.	1,940,149.	10,392,644.
2 Tax revenues levied for the organization'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	2,241,141.	2,177,816.	1,961,175.	2,072,363.	1,940,149.	10,392,644.
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.						10,392,644.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,241,141.	2,177,816.	1,961,175.	2,072,363.	1,940,149.	10,392,644.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,864.	24,131.	33,135.	23,368.	23,176.	121,674.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	81,555.	74,929.	23,579.	33,556.	2,933.	216,552.
11 Total support. Add lines 7 through 10						10,730,870.
12 Gross receipts from related activities, etc. (see instructions)					12	417,703.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.85 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.40 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

UNITED WAY OF KERN COUNTY

95-2274560

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization UNITED WAY OF KERN COUNTY	Employer identification number 95-2274560
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>AERA ENERGY, LLC</u> <u>AVAILABLE UPON REQUEST</u> <u>BAKERSFIELD, CA 93389</u>	\$ <u>143,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>CHEVRON COMPANIES</u> <u>AVAILABLE UPON REQUEST</u> <u>BAKERSFIELD, CA 93311</u>	\$ <u>75,928.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>ARCHEL N. DOBBS TRUST</u> <u>AVAILABLE UPON REQUEST</u> <u>BAKERSFIELD, CA 93301</u>	\$ <u>65,719.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>PCL INDUSTRIAL SERVICES</u> <u>AVAILABLE UPON REQUEST</u> <u>BAKERSFIELD, CA 93307</u>	\$ <u>37,789.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
UNITED WAY OF KERN COUNTY	95-2274560

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization	Employer identification number
UNITED WAY OF KERN COUNTY	95-2274560

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

OMB No. 1545-0047

2009

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 VI, 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), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY OF KERN COUNTY	Employer identification number 95-2274560
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 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.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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)).

	(a)		(b)
	Yes	No	Amount
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?		X	
f Grants to other organizations for lobbying purposes?		X	
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? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			
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			
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), section 501(c)(5), or section 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 carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 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) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 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; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

THE UNITED WAY OF KERN COUNTY PROVIDES ITS SUPPORTORS WITH INFORMATION ON LEGISLATION RELATED TO FUNDING FOR THE 2-1-1 INFORMATION AND REFERRAL SYSTEM, AND FOR LOW-COST HEALTH INSURANCE FOR CHILDREN. THE ORGANIZATION URGES SUPPORT OF THESE INITIATIVES AND ENCOURAGES INDIVIDUALS TO EXPRESS THEIR OPINIONS TO THEIR LEGISLATORS. STAFF AND

Part IV Supplemental Information (continued)

VOLUNTEERS ALSO MAKE DIRECT CONTACT WITH LEGISLATORS ON THESE ISSUES TO
ASK FOR SUPPORT.

Lined area for supplemental information.

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, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF KERN COUNTY

Employer identification number

95-2274560

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and various questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,931.	4,931.	0.
d Equipment		147,475.	128,069.	19,406.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,406.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,041,142.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,542,561.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	498,581.
4	Net unrealized gains (losses) on investments	4	<10,881.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<10,881.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	487,700.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,754,064.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<10,881.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	<10,881.>
3	Subtract line 2e from line 1	3	1,764,945.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	276,197.
c	Add lines 4a and 4b	4c	276,197.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,041,142.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,266,364.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,266,364.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	276,197.
c	Add lines 4a and 4b	4c	276,197.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,542,561.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII LINE 4B - DONOR DESIGNATED PLEDGES \$276,197.

PART XIII LINE 4B - DONOR DESIGNATED PLEDGES \$276,197.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **UNITED WAY OF KERN COUNTY** Employer identification number **95-2274560**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(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
SENIOR SERVE 2211 "H" STREET BAKERSFIELD, CA 93301	77-0413341	501(C)(3)	20,000.	0.			CHARITABLE/EDUCATIONAL
KERN COUNTY TEEN CHALLENGE 301 EAST ROBERTS LANE BAKERSFIELD, CA 93308	95-2683852	501(C)(3)	20,000.	0.			CHARITABLE/EDUCATIONAL
VOLUNTEER CENTER 1400 CHESTER AVENUE BAKERSFIELD, CA 93301	95-2676423	501(C)(3)	52,600.	0.			CHARITABLE/EDUCATIONAL
ALLIANCE AGAINST FAMILY VIOLENCE 1921 19TH STREET BAKERSFIELD, CA 93301	95-3604240	501(C)(3)	50,000.	0.			CHARITABLE/EDUCATIONAL
KERN RIVER VALLEY SENIORS 6405 LAKE ISABELLA BLVD LAKE ISABELLA, CA 93240	95-3740281	501(C)(3)	12,000.	0.			CHARITABLE/EDUCATIONAL
CARE CENTER/ NEEDS CENTER 110 ASHER AVENUE TAFT, CA 93268	77-0006310	501(C)(3)	10,000.	0.			CHARITABLE/EDUCATIONAL

2 Enter total number of section 501(c)(3) and government organizations ▶ **16.**

3 Enter total number of other organizations ▶ **0.**

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: APPLICATION PROCESS INCLUDES VOLUNTEER-LED
 REVIEW OF FINANCIAL DATA, ON-SITE VISITS AND INTERVIEWS WITH KEY PERSONNEL.
 AFTER AWARD, GRANTEES ARE REQUIRED TO SUBMIT PROGRESS REPORTS AT 6-MONTH
 INTERVALS.

Name of the organization

UNITED WAY OF KERN COUNTY

Employer identification number

95-2274560

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY SERVICES/BAKERSFIELD HOMELESS CENTER - 1600 EAST TRUXTUN AVENUE - BAKERSFIELD, CA 93305	95-2858936	501(C)(3)	100,555.	0.			CHARITABLE/EDUCATIONAL
GREATER BAKERSFIELD LEGAL ASSISTANCE - 615 CALIFORNIA AVENUE - BAKERSFIELD, CA 93304	95-2829257	501(C)(3)	30,000.	0.			CHARITABLE/EDUCATIONAL
CLINICA SIERRA VISTA 1430 TRUXTUN AVENUE BAKERSFIELD, CA 93302	95-2707101	501(C)(3)	26,000.	0.			CHARITABLE/EDUCATIONAL
COMMUNITY ACTION PARTNERSHIP OF KERN - 211 - 300 19TH STREET - BAKERSFIELD, CA 93301	95-2402760	501(C)(3)	100,000.	0.			CHARITABLE/EDUCATIONAL
READY TO START FOUNDATION 2000 24TH STREET #100 BAKERSFIELD, CA 93301	27-0134759	501(C)(3)	40,000.	0.			CHARITABLE/EDUCATIONAL
KERN COUNTY SUPERINTENDENT OF SCHOOLS EDUCATION FOUNDATION - 1300 17TH STREET - BAKERSFIELD, CA 93301	77-0383293	501(C)(3)	28,500.	0.			CHARITABLE/EDUCATIONAL
COMMUNITY ACTION PARTNERSHIP OF KERN - 300 19TH STREET - BAKERSFIELD, CA 93301	95-2402760	501(C)(3)	30,000.	0.			CHARITABLE/EDUCATIONAL
FLOOD BAKERSFIELD MINISTRIES 1201 24TH STREET BAKERSFIELD, CA 93301	26-2780103	501(C)(3)	10,000.	0.			CHARITABLE/EDUCATIONAL

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

Schedule I-1 (Form 990) 2009

Name of the organization

UNITED WAY OF KERN COUNTY

Employer identification number

95-2274560

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA HOUSE P.O. BOX 712 BAKERSFIELD, CA 93302	77-0366593	501(C)(3)	20,000.	0.			CHARITABLE/EDUCATIONAL
KERN HIGH SCHOOL DISTRICT ED. FOUNDATION - 5801 SUNDALE AVENUE - BAKERSFIELD, CA 93309	77-0235452	501(C)(3)	50,000.	0.			CHARITABLE/EDUCATIONAL
OTHER SMALLER AGENCIES AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309		501(C)(3)	56,870.	0.			CHARITABLE/EDUCATIONAL

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF KERN COUNTY

Employer identification number
95-2274560

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPROVE LIVES IN KERN COUNTY." THE ORGANIZATION ACCOMPLISHES THIS BY
RAISING AND INVESTING FINANCIAL RESOURCES IN PROGRAMS THAT ADVANCE THE
COMMON GOOD; COLLABORATING WITH OTHER ORGANIZATIONS TO LEVERAGE
RESOURCES AROUND CRITICAL COMMUNITY ISSUES; ENGAGING VOLUNTEERS IN
SERVICE; AND ADVOCATING FOR PUBLIC POLICIES THAT FURTHER ITS
OBJECTIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OTHER ORGANIZATIONS TO LEVERAGE RESOURCES AROUND CRITICAL COMMUNITY
ISSUES; ENGAGING VOLUNTEERS IN SERVICE; AND ADVOCATING FOR PUBLIC
POLICIES THAT FURTHER ITS OBJECTIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER SERVICES INCLUDING THE COMMUNITY CONFERENCE, OTHER SERVICE FEES,
AND CAMPAIGNS.

EXPENSES \$ 423938. INCLUDING GRANTS OF \$ 0. REVENUE \$ 45465.

FORM 990, PART VI, SECTION B, LINE 11: THE ENTIRE 990 FILING INCLUDING
SCHEDULES AND ATTACHMENTS WAS DELIVERED ELECTRONICALLY TO ALL MEMBERS OF
THE GOVERNING BOARD AS PART OF THE BACKGROUND MATERIAL FOR THE JANUARY
BOARD MEETING. TIME WAS ALLOTTED ON THE MEETING AGENDA FOR THE PRESIDENT TO
REVIEW SIGNIFICANT ELEMENTS OF THE 990 AND RESPOND TO ANY QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES, OFFICERS, AND BOARD
MEMBERS ANNUALLY SIGN CONFLICT OF INTEREST DISCLOSURE FORMS, WHICH ARE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF KERN COUNTY

Employer identification number

95-2274560

REVIEWED BY MANAGEMENT. ANY CONFLICTS ARE REVIEWED BY THE PRESIDENT AND BOARD LEADERSHIP TO DETERMINE WHAT, IF ANY, STEPS SHOULD BE TAKEN TO MANAGE THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE PRESIDENT WAS PROPOSED BY THE PRESIDENTIAL SEARCH COMMITTEE OF THE GOVERNING BOARD AFTER A REVIEW OF: UNITED WAY OF AMERICA COMPARABLE SALARY DATA AND LOCAL NONPROFIT AND PRIVATE SECTOR COMPARABLE SALARY DATA. THE RECOMMENDATION OF THE COMMITTEE WAS PRESENTED FOR AND RECEIVED APPROVAL FROM THE FULL BOARD.

COMPENSATION OF OTHER KEY EMPLOYEES IS PERIODICALLY REVIEWED BY THE PRESIDENT IN CONSULTATION WITH THE STANDING PERSONNEL COMMITTEE OF THE GOVERNING BOARD USING SIMILAR COMPARABILITY DATA.

COMPENSATION FOR ALL EMPLOYEES IS SUBJECT TO REVIEW AS PART OF THE ANNUAL BUDGETING PROCESS. ADDITIONALLY, MONTHLY FINANCIAL REPORTS TO THE BOARD INCLUDE LINE ITEM REPORTING OF COMPENSATION TO DATE.

FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE. FOR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST AND ETHICS POLICIES, COPIES ARE PROVIDED UPON REQUEST.

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES REPORTED ON FORM W-3

THE UNITED WAY MAINTAINS A CONTRACT WITH A PAYROLL MANAGEMENT COMPANY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF KERN COUNTY

Employer identification number

95-2274560

ALL FEDERAL AND STATE PAYROLL REPORTING IS FILED UNDER THE EIN OF THE
PAYROLL MANAGEMENT COMPANY.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

..... June 30, 2010

Prepared for	United Way of Kern County 5405 Stockdale Highway No. 200 Bakersfield, CA 93309
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
Amount due or refund	Balance due of \$10
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0701
Return must be mailed on or before	February 15, 2011
Special Instructions	<p>The return should be signed and dated by an authorized individual.</p> <p>Include the organization's California corporation/organization number and "2009 Form 199" on the remittance.</p>

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
MARKETABLE SECURITIES	VARIOUS	VARIOUS	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	372,017.	0.	0.	376,417.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIXED ASSETS	VARIOUS	06/30/10	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	10,680.	6,234.	0.	0.

TOTAL TO FORM 199, PAGE 2, LN 6 382,697. 6,234. 0. 376,417.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
DAY OF CARING	2,376.
HOMELESS COLLABORATIVE	4,200.
MISC. INCOME	2,933.
ADMINISTRATIVE FEES	15,962.
COMMUNITY CONFERENCE	8,601.
FEMA	20,902.
TOTAL TO FORM 199, PART II, LINE 7	54,974.

FORM 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 4

ACTIVITY CLASSIFICATION: AWARDS TO 16 LOCAL NON-PROFIT ORGANIZATIONS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SENIOR SERVE	2211 "H" STREET BAKERSFIELD, CA 93301	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TEEN CHALLENGE	301 EAST ROBERTS LANE BAKERSFIELD, CA 93308	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VOLUNTEER CENTER	1400 CHESTER AVENUE BAKERSFIELD, CA 93301	NONE	52,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALLIANCE AGAINST FAMILY VIOLENCE	1921 19TH STREET BAKERSFIELD, CA 93301	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KERN RIVER VALLEY SENIORS	6405 LAKE ISABELLA BLVD LAKE ISABELLA, CA 93240	NONE	12,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CARE CENTER/ NEEDS CENTER	110 ASHER AVENUE TAFT, CA 93268	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BETHANY SERVICES/BAKERSFIELD HOMELESS CE	1600 EAST TRUXTUN AVENUE BAKERSFIELD, CA 93305	NONE	100,555.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GREATER BAKERSFIELD LEGAL ASSISTANCE	615 CALIFORNIA AVENUE BAKERSFIELD, CA 93304	NONE	30,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CLINICA SIERRA VISTA	1430 TRUXTUN AVENUE BAKERSFIELD, CA 93301	NONE	26,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAPK - 211 KERN COUNTY	300 19TH STREET BAKERSFIELD, CA 93301	NONE	100,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
READY TO START FOUNDATION	2000 24TH STREET #100 BAKERSFIELD, CA 93301	NONE	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KERN COUNTY SUPT OF SCHOOLS EDUCATION FD	1300 17TH STREET BAKERSFIELD, CA 93301	NONE	28,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAPK - FOOD BANK	300 19TH STREET BAKERSFIELD, CA 93301	NONE	30,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FLOOD BAKERSFIELD MINISTRIES	1201 24TH STREET BAKERSFIELD, CA 93301	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALPHA HOUSE	P.O. BOX 712 BAKERSFIELD, CA 93302	NONE	20,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KERN HIGH SCHOOL DISTRICT ED FOUNDATION	5801 SUNDALE AVE. BAKERSFIELD, CA 93309	NONE	50,000.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OTHER SMALLER AGENCIES	AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	NONE	56,870.
	TOTAL FOR THIS ACTIVITY		656,525.
			<hr/>
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			656,525. <hr/> <hr/>

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
TERESA FORD 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	CHAIR 2.00	0.	
NICOLETTE CROSS, CPA 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	TREASURER 2.00	0.	
DEBRA MORENO 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	SECRETARY 2.00	0.	
MICHAEL V. BLAKE 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	
CRAIG BONNA 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	
KEITH BRICE 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	
DON BYNUM 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	
ROGER CHRISTY 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	
GAURDIE E. BANISTER, JR. 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	VICE CHAIR 1.00	0.	
NORA DOMINGUEZ 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	
TOM DORLIS 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	

GREGORY HEISS 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
DAN KLINGENBERGER 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
DAVID HALLET 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
JORDAN KAUFMAN 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
DANIELLE DAVIS, APR 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
DR. LARRY REIDER 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
ROGER TUCKER 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
LONIE WATTENBARGER 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 2.00	0.
TOM CORSON 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
CHRISTINA DIXON 5405 STOCKDALE HIGHWAY, NO. 200 BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199 OTHER EXPENSES STATEMENT 6

DESCRIPTION	AMOUNT
CONTRACT SERVICES	228,196.
DAY OF CARING	28,085.
REPAIR/MAINTENANCE	13,531.
TRANSPORTATION	10,255.
MISCELLANEOUS	7,619.
PAYMENTS TO AFFILIATES	25,870.
ACCOUNTING FEES	14,785.
ADVERTISING AND PROMOTION	7,828.
OFFICE EXPENSES	14,404.
CONFERENCES AND CONVENTIONS	6,259.
INSURANCE	5,047.
ALL OTHER EXPENSES	24,544.
TOTAL TO FORM 199, PART II, LINE 17	386,423.

FORM 199 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FIDELITY INVESTMENTS	18,168.	308.
SMITH BARNEY	429,477.	0.
WELLS FARGO	0.	553,035.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	447,645.	553,343.

FORM 199 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	776,860.	752,749.
PREPAID EXPENSES AND DEFERRED CHARGES	17,638.	14,835.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	794,498.	767,584.

FORM 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DUE TO AGENCY ALLOCATIONS		599,654.	285,000.
DUE TO DESIGNATED AGENCIES		177,584.	85,284.
DEFERRED REVENUE		171,463.	280,198.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		948,701.	650,482.

FORM 199	FUND BALANCES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		819,042.	1,306,742.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		819,042.	1,306,742.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2010

Prepared for	United Way of Kern County 5405 Stockdale Highway No. 200 Bakersfield, CA 93309
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
Mail tax return to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	February 15, 2011
Special Instructions	<p>The return should be signed and dated by an authorized individual.</p> <p>Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.</p> <p>A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.</p>

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>14448</u> UNITED WAY OF KERN COUNTY <small>Name of Organization</small> <u>5405 STOCKDALE HIGHWAY, NO. 200</u> <small>Address (Number and Street)</small> <u>BAKERSFIELD, CA 93309</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0460693</u> Federal Employer I.D. No. <u>95-2274560</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2009 ending 06/30/2010) list:
 Gross annual revenue \$ 2,041,142. Total assets \$ 2,007,175.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 661-834-1820

 Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer
Printed Name
Title
Date

DELLA D. HODSON

PRESIDENT