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)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: UNITED WAY OF KERN COUNTY

Number and street (or P.O. box if mail is not delivered to street address): 5405 STOCKDALE HIGHWAY — Room/suite: 200

City or town, state or country, and ZIP + 4: BAKERSFIELD, CA 93309

D Employer identification number: 95-2274560

E Telephone number: 661-834-1820

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

G Website: ▶N/A

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,187,452.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,791,866.		
	c	Indirect public support (not included on line 1a)	1c	212,888.		
	d	Government contributions (grants) (not included on line 1a)	1d	55,446.		
	e	**Total** (add lines 1a through 1d) (cash $ 2,050,964. noncash $ 9,236.)			1e	2,060,200.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	70,277.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	549.
	5	Dividends and interest from securities			5	32,586.
	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶ FIDELITY MAGELLAN L/T CAP GAINS)			7	81.
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 180.	8a	(B) Other:		
	b	Less: cost or other basis and sales expenses — (A) Securities:	8b	(B) Other:		
	c	Gain or (loss) (attach schedule) — (A) Securities: 180.	8c	(B) Other:		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2			8d	180.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	23,579.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	2,187,452.
Expenses	13	Program services (from line 44, column (B))			13	1,839,959.
	14	Management and general (from line 44, column (C))			14	190,873.
	15	Fundraising (from line 44, column (D))			15	237,417.
	16	Payments to affiliates (attach schedule) SEE STATEMENT 3			16	19,846.
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	2,288,095.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	<100,643.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	871,235.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4			20	<15,955.>
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	754,637.

723001 12-27-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2007)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a			STATEMENT 6	
22b Other grants and allocations (attach schedule) (cash $ 1,381,675. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	1,381,675.	1,381,675.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	162,834.	76,532.	48,850.	37,452.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	290,959.	167,622.	40,856.	82,481.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	39,648.	21,136.	10,478.	8,034.
29 Payroll taxes	29	38,187.	19,333.	10,672.	8,182.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	21,347.	11,642.	2,988.	6,717.
34 Telephone	34	7,248.	4,001.	1,838.	1,409.
35 Postage and shipping	35	3,617.	1,562.	997.	1,058.
36 Occupancy	36				
37 Equipment rental and maintenance	37	71,472.	34,622.	20,858.	15,992.
38 Printing and publications	38	15,821.	7,464.	4,000.	4,357.
39 Travel	39				
40 Conferences, conventions, and meetings	40	12,492.	6,697.	3,280.	2,515.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	11,817.	5,554.	3,545.	2,718.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 5	43g	211,132.	102,119.	42,511.	66,502.
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,268,249.	1,839,959.	190,873.	237,417.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ N/A ; **(ii)** the amount allocated to Program services $ N/A ;

(iii) the amount allocated to Management and general $ N/A ; and **(iv)** the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 7 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a AWARDS TO VARIOUS COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	968,206.
b DESIGNATIONS TO VARIOUS COMMUNITY NON-PROFIT AGENCIES. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	413,469.
c TO ASSESS COMMUNITY NEEDS, MOBILIZE RESOURCES, DISTRIBUTE FUNDS, AND MONITOR ACTIVITIES THROUGH RESULTS-BASED ACCOUNTABILITY. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	458,284.
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,839,959.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

					(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			252,666.	45	137,406.
	46	Savings and temporary cash investments			45,154.	46	16,488.
	47 a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48 a	Pledges receivable	48a	1,336,609.			
	b	Less: allowance for doubtful accounts	48b	409,319.	814,964.	48c	927,290.
	49	Grants receivable			5,233.	49	4,696.
	50 a	Receivables from current and former officers, directors, trustees, and key employees				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
	51 a	Other notes and loans receivable	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	24,667.
	53	Prepaid expenses and deferred charges			16,531.	53	19,248.
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
	55 a	Investments - land, buildings, and equipment: basis	55a	154,088.			
	b	Less: accumulated depreciation	55b	122,907.	30,032.	55c	31,181.
	56	Investments - other SEE STATEMENT 8			659,668.	56	702,135.
	57 a	Land, buildings, and equipment: basis	57a				
	b	Less: accumulated depreciation	57b			57c	
	58	Other assets, including program-related investments (describe ▶ DEPOSITS)			7,097.	58	8,500.
	59	**Total assets** (must equal line 74). Add lines 45 through 58			1,831,345.	59	1,871,611.
Liabilities	60	Accounts payable and accrued expenses			41,710.	60	40,781.
	61	Grants payable				61	
	62	Deferred revenue			18,820.	62	39,296.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable				64b	
	65	Other liabilities (describe ▶ SEE STATEMENT 9)			899,580.	65	1,036,897.
	66	**Total liabilities.** Add lines 60 through 65			960,110.	66	1,116,974.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** [X] and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			871,235.	67	754,637.
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			871,235.	73	754,637.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			1,831,345.	74	1,871,611.

Form **990** (2007)

723031
12-27-07

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	1,758,028.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	<15,955.>		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	<15,955.>
c	Subtract line **b** from line **a**			c	1,773,983.
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): DONOR DESIGNATED PLEDGES	d2	413,469.		
	Add lines **d1** and **d2**			d	413,469.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	2,187,452.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	1,874,626.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	0.
c	Subtract line **b** from line **a**			c	1,874,626.
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): DONOR DESIGNATED PLEDGES	d2	413,469.		
	Add lines **d1** and **d2**			d	413,469.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	2,288,095.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation (If not paid, enter -0-.)	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
SEE STATEMENT 10		148,898.	13,936.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 20			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 11	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt **or** ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X

90 a List the states with which a copy of this return is filed ▶CA

b Number of employees employed in the pay period that includes March 12, 2007 90b 12

91 a The books are in care of ▶ MIRIAM KREHBIEL Telephone no. ▶ 661-834-1820

Located at ▶ 5405 STOCKDALE HIGHWAY, BAKERSFIELD, CA ZIP + 4 ▶ 93309

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI **Other Information** *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country ▶ N/A			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041-** Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

Part VII **Analysis of Income-Producing Activities** *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a ADMINISTRATIVE FEES					21,508.
b DAY OF CARING &					
c DEVELOPMENT CONFERENCE					48,769.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	549.	
96 Dividends and interest from securities			14	32,586.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	81.	
100 Gain or (loss) from sales of assets other than inventory			18	180.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a HOMELESS COLLABORATIVE					6,000.
b SPONSORED REPRESENTATIVE					15,750.
c FEMA/FREEZE RELIEF					<1,312.>
d MISC. INCOME					3,141.
e					
104 Subtotal (add columns (B), (D), and (E))		0.		33,396.	93,856.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					127,252.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII **Relationship of Activities to the Accomplishment of Exempt Purposes** *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	TO BUILD A CARING COMMUNITY THROUGH RESOURCE DEVELOPMENT
	AND COLLABORATION WITH OTHER COMMUNITY GROUPS.
103	FEMA ADMIN FEES, HOMELESS COLLABRATIVE, OTHER MISC.

Part IX **Information Regarding Taxable Subsidiaries and Disregarded Entities** *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X **Information Regarding Transfers Associated with Personal Benefit Contracts** *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
Note: *If "Yes" to* **(b),** *file Form 8870* **and** *Form 4720 (see instructions).*

Form **990** (2007)

723163
12-27-07

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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.

Signature of officer | Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X) P00235513
Firm's name (or yours if self-employed), address, and ZIP + 4	DANIELLS PHILLIPS VAUGHAN & BOCK 300 NEW STINE ROAD BAKERSFIELD, CA 93309	EIN ▶ 95-2972229	Phone no. ▶ 661-834-7411

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: UNITED WAY OF KERN COUNTY

Employer identification number: 95 2274560

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	**1**	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	**2a**		X
b	Lending of money or other extension of credit?	**2b**		X
c	Furnishing of goods, services, or facilities?	**2c**		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	**2d**	X	
e	Transfer of any part of its income or assets?	**2e**		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	**3a**		X
b	Did the organization have a section 403(b) annuity plan for its employees?	**3b**		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	**3c**		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	**3d**		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	**4a**		X
b	Did the organization make any taxable distributions under section 4966? N/A	**4b**		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	**4c**		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		0	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,177,816.	2,241,141.	1,942,090.	1,400,558.	7,761,605.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	76,877.	91,845.	78,650.	206,709.	454,081.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	24,131.	17,864.	21,250.	20,779.	84,024.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	74,929.	81,555.	SEE STATEMENT 12 54,352.	69,139.	279,975.
23 Total of lines 15 through 22	2,353,753.	2,432,405.	2,096,342.	1,697,185.	8,579,685.
24 Line 23 minus line 17	2,276,876.	2,340,560.	2,017,692.	1,490,476.	8,125,604.
25 Enter 1% of line 23	23,538.	24,324.	20,963.	16,972.	

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ 26a 162,512.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 8,125,604.

d Add: Amounts from column (e) for lines: 18 84,024. 19 ______ 22 279,975. 26b ______ ▶ 26d 363,999.

e Public support (line 26c minus line 26d total) ▶ 26e 7,761,605.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 95.5203%

27 **Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 / 20% of the amount on line 40			
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	41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

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 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)		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 other means		X	
i Total lobbying expenditures (Add lines **c** through **h**.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

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

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule: N/A

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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 organizations 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-

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

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization: UNITED WAY OF KERN COUNTY

Employer identification number: 95-2274560

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AERA ENERGY, LLC AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	$ 99,679.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	CFC-UNITED WAY OF TULARE COUNTY AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	$ 81,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	CHEVRON COMPANIES AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	$ 299,984.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	OCCIDENTAL OF ELK HILLS, INC. AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	$ 62,598.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	STATE EMPLOYEE CAMPAIGN AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	$ 68,286.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	STATE FARM INSURANCE-MAIN AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	$ 69,627.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

FOOTNOTES STATEMENT 1

LOBBYING EXPENDITURES

THE UNITED WAY OF KERN COUNTY EMPLOYS A PART-TIME REGIONAL ADVOCACY COORDINATOR, FUNDED BY GRANTS FROM UNITED WAY OF SANTA CRUZ COUNTY. UNITED WAY OF SANTA CRUZ COUNTY IS THE RECIPIENT ORGANIZATION FOR GRANTS FROM THE DAVID AND LUCILE PACKARD FOUNDATION; THE CALIFORNIA ENDOWMENT; AND THE CALIFORNIA WELLNESS FOUNDATION. UWSCC IN TURN, RE-GRANTS FUNDS TO UNITED WAY OF KERN COUNTY TO FULLY FUND THE COORDINATOR POSITION AND ALL RELATED EXPENSES. NO DONOR DOLLARS ARE USED FOR THIS WORK. THE ATTACHED CONTRACT BETWEEN THE TWO UNITED WAYS DETAILS THE ACTIVITIES UNDERTAKEN. A SCHEDULE OF GRANT FUNDS RECEIVED AND EXPENDED IN FY 2008 IS ALSO ATTACHED.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
CASH IN LIEU	180.	0.	0.	180.
TO FORM 990, PART I, LINE 8	180.	0.	0.	180.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT 3

AFFILIATE'S NAME	AFFILIATE'S ADDRESS
UNITED WAY OF AMERICA	

PURPOSE OF PAYMENT	AMOUNT
DUES	19,846.
TOTAL TO FORM 990, PART I, LINE 16	19,846.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS	<15,955.>
TOTAL TO FORM 990, PART I, LINE 20	<15,955.>

FORM 990	OTHER EXPENSES	STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES/SUBSCRIPTIONS	6,091.	4,347.	987.	757.
MISCELLANEOUS	18,739.	8,629.	3,472.	6,638.
CONTRACT SERVICES	79,504.	24,751.	15,553.	39,200.
DAY OF CARING/COMMUNITY CONFERENCE/YOUNG	36,409.	34,234.		2,175.
PROFESSIONAL FEES	12,166.	5,718.	3,650.	2,798.
INSURANCE	5,024.	2,462.	1,450.	1,112.
TRANSPORTATION	16,972.	7,579.	1,714.	7,679.
PUBLIC RELATIONS	5,819.	3,713.	1,192.	914.
GRANT SERVICES	0.			
BANK FEES	7,672.		7,672.	
REPAIR/MAINTENANCE	22,736.	10,686.	6,821.	5,229.
TOTAL TO FM 990, LN 43	211,132.	102,119.	42,511.	66,502.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
17 AWARDS LOCAL NONPROFIT ORGANIZATIONS LIST AVAILABLE UPON REQUEST	968,206.
DESIGNATIONS TO COMMUNITY ORGANIZATIONS LIST AVAILABLE UPON REQUEST	413,469.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	1,381,675.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 7

EXPLANATION

TO IMPROVE PEOPLE'S LIVES AND THE COMMUNITY BY MOBILIZING AND INTEGRATING RESOURCES FOR HEALTH AND HUMAN SERVICE NEEDS IN KERN COUNTY. TO BUILD A CARING COMMUNITY THROUGH RESOURCE DEVELOPMENT AND COLLABORATION WITH OTHER GROUPS.

FORM 990 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
FIDELITY INVESTMENTS	MARKET VALUE	13,637.
SMITH BARNEY	MARKET VALUE	688,498.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		702,135.

FORM 990 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE TO AGENCY ALLOCATIONS	618,307.	865,100.
DUE TO DESIGNATED AGENCIES	281,273.	171,797.
TOTAL TO FORM 990, PART IV, LINE 65	899,580.	1,036,897.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MIRIAM KREHBIEL C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	PRESIDENT 40.00	90,978.	6,800.	0.
DELLA HODSON C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	DIRECTOR OF COMMUNITY IMPACT 40.00	57,920.	7,136.	0.
TOM DORLIS C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	CHAIR 2.00	0.	0.	0.
NIKKI CROSS, CPA C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	TREASURER 2.00	0.	0.	0.
DEBBIE MORENO C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	SECRETARY 2.00	0.	0.	0.
MIKE BLAKE C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
CRAIG BONNA C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.

KEITH BRICE C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
DON BYNUM C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
ROGER CHRISTY C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
GAURDIE E. BANISTER, JR. C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
NORA DOMINGUEZ C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
TERESA FORD C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
GREG HEISS C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
DAN KLINGENBERGER C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
JAVIER LOZANO C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
JOE MACLLVAINE C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
DANIELLE MCKINNEY, APR C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
DR. SHELLEY RUELAS C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
DR. LARRY REIDER C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.

ROGER TUCKER C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
LONIE WATTENBARGER C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.	0.	0.
ESTELA CASAS C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	PARTNER AGENCY REP. 1.00	0.	0.	0.
JUAN CERDA C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	YOUNG LEADERS 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		148,898.	13,936.	0.

FORM 990 EXPLANATION OF RELATIONSHIP STATEMENT 11
PART V-A, LINE 75B

INDIVIDUAL'S NAME	TITLE OR ROLE
LONIE WATTENBARGER	BOARD MEMBER

INDIVIDUAL'S NAME	TITLE OR ROLE
SHAFTER INVESTMENTS, INC.	CONTRACTOR

EXPLANATION OF RELATIONSHIP

LONIE WATTENBARGER IS A PARTNER IN SHAFTER INVESTMENTS, INC. SHAFTER INVESTMENTS, INC. HAD A CONTRACT WITH THE UNITED WAY TO PERFORM A REMODEL OF OFFICE SPACE VALUED AT $10,000.

SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	74,929.	81,555.	54,352.	69,139.
TOTAL TO SCHEDULE A, LINE 22	74,929.	81,555.	54,352.	69,139.

TAXABLE YEAR **2007**

California Exempt Organization Annual Information Return

FORM **199**

For calendar year 2007 or fiscal year beginning (month) JULY (day) 1 (year) 2007, and ending (month) JUNE (day) 30 (year) 2008.

IMPORTANT: Your number is required.

California corporation number: 0460693

Federal employer identification number (FEIN): 95-2274560

Corporation/Organization name: UNITED WAY OF KERN COUNTY

Address (including suite, room, or PMB no.): 5405 STOCKDALE HIGHWAY, NO. 200

City, State, ZIP Code: BAKERSFIELD, CA 93309

A Final return? Check applicable box. ☐ Yes ☒ No

● ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date ●

B Check forms filed this year: State: ☐ 109 ☐ 100 ☐ 100S ☐ 100W

Federal: ☒ 990 ☐ 990EZ ☐ 990T ☐ 990PF ☐ 1041 ☐ 1120H ☐ 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** ● ☐

D Is this a group filing? See General Instruction N ☐ Yes ☒ No

E Accounting method used ACCRUAL

F Type of organization ☒ Exempt under Section 23701 D (insert letter)

☐ IRC Section 4947(a)(1) trust

Part I **Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	127,252. 00
	2 Gross dues and assessments from members and affiliates ●		2	00
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions STMT 1 ●		3	2,060,200. 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 **This line must be completed.** If the result is less than $25,000, see General Instruction C ●		4	2,187,452. 00
(Enclose, but do not staple, any payment.)	5 Cost of goods sold	5 00		
	6 Cost or other basis, and sales expenses of assets sold	6 00		
	7 Total costs. Add line 5 and line 6		7	00
	8 Total gross income. Subtract line 7 from line 4		8	2,187,452. 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9	2,288,095. 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	<100,643.> 00
Filing Fee	11 Filing fee $10 or $25. See General Instruction F		11	10. 00
	12 Penalty for failure to file on time. See General Instruction L		12	00
	13 Use tax. See "General Instruction M" ●		13	00
	14 **Balance due.** Add line 11, line 12, and line 13		14	10. 00

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents ☐ Yes ☒ No

17 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter amount of gross receipts from nonmember sources $

18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? ☐ Yes ☒ No

If "Yes," enter amount of total income reported $

19 The financial records are in care of MIRIAM KREHBIEL Daytime telephone 661-834-1820

located at 5405 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93309

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ Title ● Daytime telephone

Paid Preparer's Use Only

Paid Preparer's signature ▶ Date Check if self-employed ☐ ● Paid preparer's SSN or PTIN P00235513

Firm's name (or yours, if self-employed) and address ▶ DANIELLS PHILLIPS VAUGHAN & BOCK ● FEIN 95-2972229

300 NEW STINE ROAD

BAKERSFIELD, CA 93309 ● Daytime telephone 661-834-7411

Part II Organizations with gross receipts of more than $25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions. 728951/12-14-07

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	549. 00
	3	Dividends	3	32,586. 00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets SEE STATEMENT 4	6	180. 00
	7	Other income SEE STATEMENT 5	7	93,937. 00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	127,252. 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 6	9	1,381,675. 00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 7	11	162,834. 00
	12	Other salaries and wages	12	290,959. 00
	13	Interest	13	00
	14	Taxes	14	38,187. 00
	15	Rents	15	71,472. 00
	16	Depreciation and depletion	16	11,817. 00
	17	Other SEE STATEMENT 8	17	331,151. 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,288,095. 00

Schedule L Balance Sheets

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		297,820.		153,894.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				24,667.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans ____)				
9 Other investments STMT 9		659,668.		702,135.
10 a Depreciable assets	141,122.		154,088.	
b Less accumulated depreciation	(111,090.)	30,032.	(122,907.)	31,181.
11 Land				
12 Other assets STMT 10		843,825.		959,734.
13 Total assets		1,831,345.		1,871,611.
Liabilities and net worth				
14 Accounts payable		41,710.		40,781.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 11		918,400.		1,076,193.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		871,235.		754,637.
22 Total liabilities and net worth		1,831,345.		1,871,611.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $25,000

1 Net income per books	<100,643.>		
2 Federal income tax		7 Income recorded on books this year not included in this return	
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year		8 Deductions in this return not charged against book income this year	
5 Expenses recorded on books this year not deducted in this return		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	<100,643.>	10 Net income per return. Subtract line 9 from line 6	<100,643.>

FORM 199 CASH CONTRIBUTIONS OF $5000 OR MORE INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AERA ENERGY, LLC	AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	12/19/07	99,679.
CFC-UNITED WAY OF TULARE COUNTY	AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	02/02/08	81,000.
CHEVRON COMPANIES	AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	VARIOUS	299,984.
OCCIDENTAL OF ELK HILLS, INC.	AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	11/15/07	62,598.
STATE EMPLOYEE CAMPAIGN	AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	01/25/08	68,286.
STATE FARM INSURANCE-MAIN	AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309	05/19/08	69,627.
TOTAL INCLUDED ON LINE 3			681,174.

FORM 199 NONCASH CONTRIBUTIONS OF $5000 OR MORE INCLUDED ON PART I, LINE 3 STATEMENT 2

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
W&L NORDHEIM LIVING TRUST	AVAILABLE UPON REQUEST BAKERSFIELD, CA 93309		
PROPERTY DESCRIPTION	**DATE OF GIFT**	**FMV OF GIFT**	**AMOUNT OF GIFT**
123.722 SHARES OF FIDELITY TREND FUND.	12/04/07	9,236.	9,236.
TOTAL INCLUDED ON LINE 3			9,236.

FOOTNOTES STATEMENT 3

LOBBYING EXPENDITURES

THE UNITED WAY OF KERN COUNTY EMPLOYS A PART-TIME REGIONAL ADVOCACY COORDINATOR, FUNDED BY GRANTS FROM UNITED WAY OF SANTA CRUZ COUNTY. UNITED WAY OF SANTA CRUZ COUNTY IS THE RECIPIENT ORGANIZATION FOR GRANTS FROM THE DAVID AND LUCILE PACKARD FOUNDATION; THE CALIFORNIA ENDOWMENT; AND THE CALIFORNIA WELLNESS FOUNDATION. UWSCC IN TURN, RE-GRANTS FUNDS TO UNITED WAY OF KERN COUNTY TO FULLY FUND THE COORDINATOR POSITION AND ALL RELATED EXPENSES. NO DONOR DOLLARS ARE USED FOR THIS WORK. THE ATTACHED CONTRACT BETWEEN THE TWO UNITED WAYS DETAILS THE ACTIVITIES UNDERTAKEN. A SCHEDULE OF GRANT FUNDS RECEIVED AND EXPENDED IN FY 2008 IS ALSO ATTACHED.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CASH IN LIEU	VARIOUS	12/19/07	PURCHASED

	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	180.
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	180.

FORM 199 OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
HOMELESS COLLABORATIVE	6,000.
SPONSORED REPRESENTATIVE	15,750.
FEMA/FREEZE RELIEF	<1,312.>
MISC. INCOME	3,141.
ADMINISTRATIVE FEES	21,508.
DAY OF CARING & DEVELOPMENT CONFERENCE	48,769.
FIDELITY MAGELLAN L/T CAP GAINS	81.
TOTAL TO FORM 199, PART II, LINE 7	93,937.

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 6

ACTIVITY CLASSIFICATION: AWARDS TO 30 LOCAL NON-PROFIT ORGANIZATIONS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LIST AVAILABLE UPON REQUEST	UPON REQUEST	AGENCIES WITHIN THE COMMUNITY	968,206.
	TOTAL FOR THIS ACTIVITY		968,206.

ACTIVITY CLASSIFICATION: AWARDS TO DESIGNATED AGENCIES

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LIST AVAILABLE UPON REQUEST	UPON REQUEST	AGENCIES WITHIN THE COMMUNITY	413,469.
	TOTAL FOR THIS ACTIVITY		413,469.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,381,675.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MIRIAM KREHBIEL C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	PRESIDENT 40.00	97,778.
DELLA HODSON C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	DIRECTOR OF COMMUNITY IMPA 40.00	65,056.
TOM DORLIS C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	CHAIR 2.00	0.
NIKKI CROSS, CPA C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	TREASURER 2.00	0.
DEBBIE MORENO C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	SECRETARY 2.00	0.
MIKE BLAKE C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
CRAIG BONNA C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
KEITH BRICE C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
DON BYNUM C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
ROGER CHRISTY C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
GAURDIE E. BANISTER, JR. C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.

NORA DOMINGUEZ C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
TERESA FORD C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
GREG HEISS C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
DAN KLINGENBERGER C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
JAVIER LOZANO C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
JOE MACLLVAINE C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
DANIELLE MCKINNEY, APR C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
DR. SHELLEY RUELAS C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
DR. LARRY REIDER C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
ROGER TUCKER C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
LONIE WATTENBARGER C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	BOARD MEMBER 1.00	0.
ESTELA CASAS C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	PARTNER AGENCY REP. 1.00	0.
JUAN CERDA C/O 5405 STOCKDALE HWY BAKERSFIELD, CA 93309	YOUNG LEADERS 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		162,834.

FORM 199 OTHER EXPENSES STATEMENT 8

DESCRIPTION	AMOUNT
DUES/SUBSCRIPTIONS	6,091.
MISCELLANEOUS	18,739.
CONTRACT SERVICES	79,504.
DAY OF CARING/COMMUNITY CONFERENCE/YOUNG LEADERS	36,409.
PROFESSIONAL FEES	12,166.
INSURANCE	5,024.
TRANSPORTATION	16,972.
PUBLIC RELATIONS	5,819.
GRANT SERVICES	0.
BANK FEES	7,672.
REPAIR/MAINTENANCE	22,736.
PAYMENTS TO AFFILIATES	19,846.
OTHER EMPLOYEE BENEFITS	39,648.
SUPPLIES	21,347.
TELEPHONE	7,248.
POSTAGE AND SHIPPING	3,617.
PRINTING AND PUBLICATIONS	15,821.
CONFERENCES,CONVENTIONS AND MEETINGS	12,492.
TOTAL TO FORM 199, PART II, LINE 17	331,151.

FORM 199 OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FIDELITY INVESTMENTS	5,301.	13,637.
SMITH BARNEY	654,367.	688,498.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	659,668.	702,135.

FORM 199 OTHER ASSETS STATEMENT 10

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE	814,964.	927,290.
GRANTS RECEIVABLE	5,233.	4,696.
PREPAID EXPENSES AND DEFERRED CHARGES	16,531.	19,248.
DEPOSITS	7,097.	8,500.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	843,825.	959,734.

FORM 199 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO AGENCY ALLOCATIONS	618,307.	865,100.
DUE TO DESIGNATED AGENCIES	281,273.	171,797.
DEFERRED REVENUE	18,820.	39,296.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	918,400.	1,076,193.

FORM 199 FUND BALANCES STATEMENT 12

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	871,235.	754,637.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	871,235.	754,637.

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

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

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

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** 14448

UNITED WAY OF KERN COUNTY
Name of Organization

5405 STOCKDALE HIGHWAY, NO. 200
Address (Number and Street)

BAKERSFIELD, CA 93309
City or Town, State and ZIP Code

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. 0460693

Federal Employer I.D. No. 95-2274560

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 07/01/2007 ending 06/30/2008) list:
Gross annual revenue $ 2,187,452. Total assets $ 1,871,611.

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. SEE STATEMENT 13	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

729291
04-27-07

RRF-1 (3-05)

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 13
PART B, LINE 6

KERN COUNTY MENTAL HEALTH DEPT.
DIANE G. KODITEK, M.F.T., DIRECTOR
P. O. BOX 1000
BAKERSFIELD, CA 93302-1000