EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Form **990-PF**

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For c	alen	dar year 2016 or tax year beginning		, and ending		
Nan	ne of	foundation			A Employer identification	number
T	ΗE	VIRGINIA AND ALFRED HA	RRELL			
_F	OUI	NDATION			95-3227803	
		nd street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_P	<u>.0</u>	BOX 11171			661-395-72	56
City	or to	wn, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
_B	<u>AKI</u>	ERSFIELD, CA 93389				
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		2 Facility assessmentians we	eting the OSM took
		X Address change	X Name change		Foreign organizations me check here and attach co	mputation lest,
H_C	heck	type of organization: X Section 501(c)(3) ex	cempt private foundation		E If private foundation sta	tus was terminated
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here
I Fa	ir ma	rket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1)	(B), check here
_	\$	15,559,008. (Part I, colu	mn (d) must be on cash b	oasis.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
9	1	Contributions, gifts, grants, etc., received	0.		N/A	
		Check X If the foundation is not required to attach Sch. B Interest on savings and temporary				
ا بخ	3	cash investments	141.	141.	 	STATEMENT 1
	4	Dividends and interest from securities	266,186.	<u> 266,186.</u>		STATEMENT 2
ħ	5a	Gross rents			<u> </u>	
J	b	Net rental income or (loss)				
밁	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	-20,994.			
U J30 Revenue	b	assets on line 6a 0,030,034.			RE	
ခွ်€	_	Capital gain net income (from Part IV, line 2)		0.		7 7 2017
20	8	Net short-term capital gain	<u> </u>		8 NO.	27 2017 S
2017	9	Income modifications Gross sales less returns			S 140	<u> </u>
7	10a	and allowances			OG	DEN. UT
		Less Cost of goods sold				
		Gross profit or (loss)	468.	468.		STATEMENT 3
	11	Other income Total. Add lines 1 through 11	245,801.	266,795.		DIMITMENT 2
	12 13	Compensation of officers, directors, trustees, etc	49,110.	200,793.	 	49,110.
i	14	Other employee salaries and wages	47,110.			49,110.
		Pension plans, employee benefits	7,441.	0.		7,441.
es		Legal fees	1,441.		+	1,441.
SUS		Accounting fees STMT 4	29,940.	29,940.	 	0.
ă		Other professional fees STMT 5	53,426.	53,426.		0.
ē E		Interest	33/420			
and Administrative Expense		Taxes STMT 6	23,822.	19,809.	 	4,013.
istr	19	Depreciation and depletion	20,022.			1 -/
ij	20	Occupancy	-			
Adr	21	Travel, conferences, and meetings				
p	22	Printing and publications				†
ق a	23	Other expenses STMT 7	11,268.	0.	,	11,268.
Operating		Total operating and administrative				
Jer.		expenses. Add lines 13 through 23	175,007.	103,175	.	71,832.
Õ	25	Contributions, gifts, grants paid	811,426.			811,426.
		Total expenses and disbursements.				
		Add lines 24 and 25	986,433.	103,175	. _	883,258.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	-740,632.			
		Net investment income (if negative, enter -0-)		163,620		
	c	Adjusted net income (if negative, enter -0-)			N/A	

623501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
	<u>aıı</u> ,	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	169,655.	33,221.	33,221.
	2	Savings and temporary cash investments	7,234.	3,237.	3,237.
	3	Accounts receivable -	İ		
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable -			
		Less: allowance for doubtful accounts		 	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	}		
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			
Ş.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	15,491,841.	15,500,900.	15,522,550.
	14	Land, buildings, and equipment; basis ►			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item ()	15,668,730.	15,537,358.	15,559,008.
	17	Accounts payable and accrued expenses			
1	18	Grants payable			
g	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
ت	22	Other habilities (describe ► CASH ADVANCE - TBC)	0.	50,000.	
	23	Total liabilities (add lines 17 through 22)	0.	50,000.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.	į		
ces	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
or Fund Balanc	l	Foundations that do not follow SFAS 117, check here			
Œ		and complete lines 27 through 31.	1		1
	27	Capital stock, trust principal, or current funds	0.	<u> </u>	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
I As	29	Retained earnings, accumulated income, endowment, or other funds	15,668,730.	15,487,358.	
Net	30	Total net assets or fund balances	15,668,730.	15,487,358.	
	31	Total liabilities and net assets/fund balances	15,668,730.	15,537,358.	<u> </u>
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
				 	
		I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	15,668,730.
		r amount from Part I, line 27a		2	-740,632.
		r increases not included in line 2 (itemize) ▶ 2016 UNREAL	IZED GAIN/LOSS	3	559,260.
		lines 1, 2, and 3		4	15,487,358.
		eases not included in line 2 (itemize)			0.
6_	<u>Tota</u>	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	15,487,358.
					Form 990-PF (2016)

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Part IV Capital Gains a	and Lo	sses for Tax on In	vestment	Income						
		nd(s) of property sold (e.g. or common stock, 200 shs			(b)	How acc - Purch - Donal	quired (lase tion	c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
a					<u> </u>					<u> </u>
SEE ATTACHED	STA	<u> PEMENT</u>			├					ļ
<u>C</u>					 					
<u>d</u>					-					
(e) Gross sales price	(f) (Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	
a										
)										
<u> </u>										
1										
6,656,694.				<u>6,677,68</u>	8.					-20,994
Complete only for assets showin	g gain in	column (h) and owned by t	he foundation	on 12/31/69			(1)	Gains (C	ol. (h) gair	າ ກາກບຣ
(i) F.M.V. as of 12/31/69		j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			COI. (Losses	not less tha (from col.	an -u-) or (h))
1						<u></u>				
b										
						 				
1										
<u></u>										-20,994
Capital gain net income or (net ca	pıtal loss)	If gain, also enter If (loss), enter -0-			}	2				-20,994
Net short-term capital gain or (los	s) as defi	ned in sections 1222(5) an	d (6):		`					
If gain, also enter in Part I, line 8,	column (d	c).				} }				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	242.6	nation 4040(a) for	Doducad	Tay on Nat	100	3	ant Inc		<u>N/</u>	<u> </u>
as the foundation liable for the sect 'Yes," the foundation does not qual	ıfy under	section 4940(e). Do not co	mplete this pa	art.						Yes X N
Enter the appropriate amount in e	ach colui	nn for each year; see the ir	istructions be	fore making any e	entries	s		,		-/
(a) Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying dis		Net value of no		rıtable-ı			Distri (col. (b) di	(d) ibution ratio ivided by col. (c))
2015			1,811.				8,705			.06761
2014			4,263.				9,153			.07917
2013			4,940.				5,751			.06193
2012			6,086.				1,740			.07035
2011	i	25	0,706.		4	,48	8,446	•		.05585
Total of line 1, column (d)								2		.33494
Average distribution ratio for the state foundation has been in existence.	-		on line 2 by 5,	or by the number	r of ye	ears		3		.06698
Enter the net value of noncharitab	le-use as	sets for 2016 from Part X,	line 5					4_		15,126,861
Multiply line 4 by line 3								5		1,013,333
	aa / 10/ af	Dort I line (17h)								
Enter 1% of net investment incom	10 6/1 j ör	1 at 1, 11110 ZIU)						6		1,636
Add loss Cand O								7	1	1.014.96
Add lines 5 and 6										
Add lines 5 and 6 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions.			1b, and comp	plete that part usir	ng a 1	1% tax r	ate.	8		883,258

THE VIRGINIA AND ALFRED HARRELL

_	1990-PF (2016) FOUNDATION		32278			age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ins	truc	tion	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	l	[
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1	}			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	11	<u> </u>	3	, 2'	72.
	of Part I, line 27b	[
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	}	<u> </u>			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3		- 3	2'	72.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			, 2'	
	Credits/Payments:					
	2016 estimated tax payments and 2015 overpayment credited to 2016					
	Constant forms and the state of	1				
	Tax paid with application for extension of time to file (Form 8868) 6c	1				
	Backup withholding erroneously withheld 6d	1				
	Total credits and payments. Add lines 6a through 6d	1,				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		 			27
		8	 		3,3	50
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2,2	09.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Refunded ► rt VII-A Statements Regarding Activities	11				
				- 1	Yes	Nio
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in	-	$\overline{}$	162	
	any political campaign?	٠.		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		<u> </u>	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	thed or		ı	- 1	
	distributed by the foundation in connection with the activities.			Ì	Ì	
	Did the foundation file Form 1120-POL for this year?		-	1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			ł	1	
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0	<u>.</u>		- {	- {	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1	- 1	i	
	managers. ► \$0.			- {	- 1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		<u> </u>	2	{	<u>X</u>
	If "Yes," attach a detailed description of the activities.		4	- }		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		1	1	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<u> </u>	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u></u>	4a		<u>X</u> _
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Ŋ	1/A _	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.			1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1	1	1	
	By language in the governing instrument, or			j		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	te law	{	- {		
	remain in the governing instrument?		L	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part >	V	L	7	X	
			l	1		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		1	- 1		
	CA			j		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation		}	8ь	X	ı
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	•	1	9		X
_10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<u> </u>	10		X
			Form	990	-PF	(2016)

Pa	t VII-A Statements Regarding Activities (continued)			_
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	1	X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg	es?	1	
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.BAKERSFIELDCALIFORNIANFOUNDATION.ORG			
14	The books are in care of ► MICHELLE CHANTRY Telephone no. ► 66	-395	7256	
		4 ▶9330		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			•
	and enter the amount of tax-exempt interest received or accrued during the year	1	N/A_	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	_	Yes	No
	securities, or other financial account in a foreign country?	16		_X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			<u> </u>
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	₹] No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	_		}
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∑ No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	_		
	for the benefit or use of a disqualified person)?	∑ No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	∑ No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A 15	<u> </u>	↓
	Organizations relying on a current notice regarding disaster assistance check here	>		1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	10	<u>: </u>	<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	l		
	before 2016?	Z NO		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			1
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	AT / 73		
_	statement - see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	N/A 21	' 	┼
C				
9~	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1
oa	during the year?	₹] No.		
	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	2 110		
U	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	ا ۵	-	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	`		
	···	N/A 3	,	
An	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4	$\neg o$	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			1
U	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4	h	x
	not not seem that the populary solore the mot day of the day your pognithing in 20 to.		90-PF	

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Form 990-PF (2016) FOUNDATION	95-33	227803 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter a	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	1	
	1	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produi	al information such as the ced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lir	nes 1 and 2.	Amount
1 N/A		
2		 _
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0 . Form 990-PF (2016)
		rorm 330-PF (2016)

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	15,313,256.
b	Average of monthly cash balances	1b	15,313,256. 43,963.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	15,357,219.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	ll	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	15,357,219.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	230,358.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,126,861.
6	Minimum investment return. Enter 5% of line 5	6	756,343.
P	Tart XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	756,343.
2a			
ь	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3,272.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	753,071.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	753,071.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	753,071.
_	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1 1	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	883,258.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1 1	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	883,258.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	883,258.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				753,071.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012 112,722.				
c From 2013 127, 420.				
d From 2014 331,035.				
e From 2015 268,376.				
f Total of lines 3a through e	839,553.			
4 Qualifying distributions for 2016 from			_	
Part XII, line 4: ►\$ 883,258.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				753,071.
e Remaining amount distributed out of corpus	130,187.			, , , , , , , , , , , , , , , , , , ,
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	969,740.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				<i>'</i>
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of		16		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	L		
8 Excess distributions carryover from 2011			,	
not applied on line 5 or line 7	0.		<u></u>	
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	969 <u>,740</u> .			
10 Analysis of line 9:			l	
a Excess from 2012 112,722.				
b Excess from 2013 127,420.				
c Excess from 2014 331,035.				
d Excess from 2015 268,376.				
e Excess from 2016 130,187.				<u> </u>

623581 11-23-16

THE VIRGINIA AND ALFRED HARRELL

Form 990-PF (2016) FOUNDAT				95-32	227803 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VI	I·A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of t	the ruling	▶ L		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described	ın section	4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a	<u> </u>		Ţ — — — — — — — — — — — — — — — — — — —	Ţ <u> </u>	Ţ
c Qualifying distributions from Part XII,					
line 4 for each year listed			Ì		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets (2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(i)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or n	nore in assets
Information Regarding Foundation List any managers of the foundation will year (but only if they have contributed in the contributed in t	no have contributed more		ntributions received by th	e foundation before the c	lose of any tax
NONE			,		
b List any managers of the foundation when the condition of the foundation has a second condition of the foundation o			ı (or an equally large port	tion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribut Check here ▶ ☐ If the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and does		
a The name, address, and telephone nun	iber or e-mail address of	the person to whom app	olications should be addre	essed:	
SEE STATEMENT 10 b The form in which applications should	be submitted and informa	ation and materials they	should include;	<u> </u>	
c Any submission deadlines:			 		
d Any restrictions or limitations on award	is, such as by geographic	al areas, charitable field	s, kinds of institutions, or	other factors:	

Form 990-PF (2016)

FOUNDATION

95-3227803 Page 11

Tart AV Supplementary information				
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ADVANCING PARENTING	NONE	EXEMPT ORG.	PROGRAM SERVICE	
3600 BISBANE AVE			SUPPORT	
BAKERSFIELD CA 93313				705.
BAKERSFIELD COMMUNITY THEATRE	NONE	EXEMPT ORG.	PROGRAM SERVICE	
PO BOX 1283			SUPPORT	
BAKERSFIELD CA 93302		 		10,000,
BAKERSFIELD IVY LEGACY FOUNDATION PO BOX 12556 BAKERSFIELD, CA 93308	NONE	EXEMPT ORG.	PROGRAM SERVICE SUPPORT	5,000.
BAKERSFIELD PARENT NURSERY 2080 STINE RD #2 BAKERSFIELD, CA 93309	NONE	EXEMPT ORG.	PROGRAM SERVICE SUPPORT	3,975.
BIT-O-HEAVEN RANCH INC 13453 OLEN AVE BAKERSFIELD CA 93311-9600	NONE	EXEMPT ORG.	PROGRAM SERVICE SUPPORT	8,010,
	ONTINUATION SHE	ET(S)	<u>►_3a</u>	811,426,
b Approved for future payment				
NONE				
			<u> </u>	
Total			► <u>3b</u>	orm 990-PF (2016

Form 990-PF (2016) FOUNDATION

nter gross amounts unless otherwise indicated.	Unrelate	d business income		by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exctu- sion code	(d) Amount	Related or exempt function income
a	- 5555		1-1		_ - -
b					
C					
d			 		
e	I				
1			1 - 1		
g Fees and contracts from government agencies			† – † –		
Membership dues and assessments					
Interest on savings and temporary cash	"				
investments			14	141.	_
Dividends and interest from securities			14	266,186.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property		L			
Other investment income			14	468.	
Gain or (loss) from sales of assets other					
than inventory			18	-20,994.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
C			1		
d	1				
e					
Subtotal. Add columns (b), (d), and (e)	<u> </u>	0	<u> </u>	245,801.	
Total. Add line 12, columns (b), (d), and (e)				13	245,80
<u>ee worksheet in line 13 instructions to verify calculation</u>	s.)				
Part XVI-B Relationship of Activitie	es to the Acc	omplishment of E	xempt	Purposes	
ine No. Explain below how each activity for which					nlichment of
the foundation's exempt purposes (other					phoninon of
			-		
with the standard of overlight ball books (other					
was secured a security barboom (other					
The restriction of steam process (official					
The second of the second secon					
The restriction of steam process (Official					
The restriction of steam process (Official					
The restriction of steam process (Official					
The restriction of oxonips purposed (Official					
The restriction of oxonips purposed (Official					
The restriction of oxonips purposed (Official					

823821 11-23-18

the organization describer on an extend SQL (sign departments) or section SQL (sign) of the Code (other than section SQL) (sign departments) or section SQL (sign) to profit add organization SQL (sign) as a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 1(1) Sizes of saces to a noncharitable exempt organization (3) Profit assets of a noncharitable exempt organization (3) Rental of sections, equipment, angle sign, other assets, or paid employees (4) Rembursement arrangements (5) Loans or foat quitarities, equipment, angle sign, other assets, or paid employees (6) Performance of services or membership or fundraising solicitations (7) Sizes of angle quitarities, equipment, angle sign, other assets, or paid employees (8) Indian or early or the above six Yes, Complete the following schedule. Column (a) should always show the fair market value of the poods, other assets, or services provided. Column (b) should always show the fair market value of the poods, other assets, or services received. (a) Indian of the value of the poods, other assets, or services received. (b) Amount involved (c) Name of organization (b) Amount involved (c) Name of organization (c) Name of organization (d) Involved provided the service of the poods, other assets, or services received. (a) Involved provided prov	Form 990-PF (Part XVII			fers To a	nd Transactions a	nd Relations	95-322 hips With Noncha			ge 13
(3) Other sacets b Other transactions: (1) Sales of assets to a nonchartable exempt organization (2) Perchases of assets from a nonchartable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remburgare of services or membership or fundralsing solicitations (5) Loans or loan guarantees (6) Performance of services or membership or fundralsing solicitations c Sharing of facilities, equipment, making lists, other assets, or paid amployees c Sharing of facilities, equipment, making lists, other assets, or paid amployees d If the answer to any of the above or Sets, complete the following schedule. Column (a) should shavys show the fair market value of the goods, other assets, or services gowin by the reporting foundation. If the foundation received lists than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services gowin by the reporting foundation. If the foundation directly or indirectly or indirectly or indirectly and indirectly or indirectly or indirectly and indirectly or indirectly o		organization directly or indi	rectly engage in any of				on 501(c) of		Yes	No
(2) Other assets (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of tradities, equipment, or other assets (4) Reimbursement arrangements (5) Leave rot ona quarantee (6) Performance of services or embership or fundralising solicitations (7) Sales of assets from a noncharitable exempt organization (8) Performance of services or embership or fundralising solicitations (9) Performance of services or embership or fundralising solicitations (9) Performance of services or embership or fundralising solicitations (15) Leave rot on quarantee (16) Sales of the aboves rives, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting joundation. If the foundation received less than fair market value in any transaction or strangement, show in column (d) the value of the goods, other assets, or services received. (a) Liumnia (b) Amount involved (c) Rame of moncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. (a) Name of organization (b) Type of organization (c) Description of relationship N/A (a) Name of organization (b) Type of organization (c) Description of relationship N/A		ation to a noncharitabl	e exempt org	janization of:			{			
b Other transactions: (1) Sales of assets to an oncharidable exempt organization (2) Purchases of assets from a noncharidable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundralsing solicitations (7) If the answer to any of the above is "Yes," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received (iss than fair market value in any transaction in sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (a) Live no (9) Amount involved (c) Name of noncharitable exempt organization (a) Live no (9) Amount involved (c) Name of noncharitable exempt organization (b) Amount involved (c) Name of noncharitable exempt organization (a) Name of organization (b) Type of organization (c) Description of relationship (b) Amount involved (c) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship (b) If "Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship N/A N/A										
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(2) Purchases of assets from a nonchariable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remburesment arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (1) It be answer to any of the above is Yes, complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or services received. (a) It the answer to any of the above is Yes, complete the following schedule. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A (a) Leans in (b) Amount involved (b) Amount involved (c) Name of organization (b) Type of organization (c) Description of relationship (c) Description of relationship N/A (d) Description of relationship (e) Description of relationship N/A (e) Description of relationship N/A (f) If Yes, complete the following schedule. (a) American description of the poods, other assets, or services received. (a) Leans in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (b) If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (c) Description of relationship N/A N/A N/A N/A N/A N/A N/A N/			hla avamat arganizatio					45/41		v
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(a) Performance of services or membership or fundralishing solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Ves," complete the following schedule. Column (b) should always show the fair market value of the goods, cliner assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and planing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A Signal Linda confidence of Payry, I decide they flave examined than return, including accompanying schedules and attainments, and to the best of my knowledge that of the section of prepare (other than tappes) is based on an estimation of which prepare has any knowledge to the code of the section of the payr (other than tappes) is based on an estimation of which prepare has any knowledge to the code of the section of the payr (other than tappes) is based on an estimation of which prepare has any knowledge to the code of the section of the payr (other than tappes) is based on an estimation of which prepare has any knowledge to the code of the section of the payr (other than tappes) is based on an estimation of which prepare has any knowledge to the code of the section of the payr (other than tappes) is based on an estimation of which prepare has any knowledge to the code of the payr (other than tappes) is based on an estimation of which		-								
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column (d) the value of the goods, other assets, or servores received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing amangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship N/A Undax performs of organization (b) Type of organization of which prepare has any knowledge and battlements, and to the best of my knowledge and battlements, and to the preparer last my knowledge and battlements, and to the best of my knowledge and battlements,	d If the ans	swer to any of the above is	"Yes," complete the fol	llowing sche	dule. Column (b) should alw	vays show the fair n	narket value of the goods,	other ass	ets,	
(b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing amargements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c) other than section 501(or servic	es given by the reporting fo	oundation. If the found	lation receive	ed less than fair market valu	e in any transaction	or sharing arrangement, s	show in		
N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Here Signature of officer or trustes Primit's perperarer's name Preparer's signature LOUIS J. BARBICH LOUIS J. BARBICH LOUIS J. BARBICH LOUIS J. BARBICH HOOPER KING DILL HOFFMAN Firm's and bear of the State	column (· · · · · · · · · · · · · · · · · · ·				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Unity performed and behavior of prepare (other than tax-payer) is based on all information of which prepare has any knowledge and behavior in the prepare of the prepare	(a) Line no	(b) Amount involved	(c) Name of n		exempt organization	(d) Description	of transfers, transactions, and	sharing arr	rangeme	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes				N/A						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes							 			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes		.				+				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes				.		 				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes										
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes						- 				
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes	-				· · · · · · · · · · · · · · · · · · ·					
(a) Name of organization N/A Under perfectives of popury, I declare than have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, breect, ang complier of Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see inst) ? VICE PRESIDENT VICE PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check if self- employed PO0441288 Prim's name ▶ BARBICH HOOPER KING DILL HOFFMAN Firm's address ▶ 5001 E COMMERCENTER DR, STE 350	ın sectio	n 501(c) of the Code (othe	r than section 501(c)(zations described		Yes	X] No
N/A Sign Under perfatues of payury, I declar 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 return with the preparer shown below (see instr.)? VICE PRESIDENT X yes No No	b it yes,				(h) Type of organization		(a) Deceription of relations			
Sign Here Undo perfaitues of partury, I declars that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, sorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? VICE PRESIDENT X Yes No			Janization .		(b) Type of Organization		(c) Description of relations	лір		
Sign Here Signature of officer or trustee Date Title		N/A				•				
Sign Here Signature of officer or trustee Date Title				·						
Sign Here Signature of officer or trustee Date Title	-			·····						
Here Signature of offlicer or trustee Date Title	1	e penalties of payury, I declare	that have examined this	return, includin	g accompanying schedules and	statements, and to the	best of my knowledge	ay the IRS	discuss	this
Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Preparer Self- employed Prim's name ▶ BARBICH HOOPER KING DILL HOFFMAN Firm's address ▶ 5001 E COMMERCENTER DR, STE 350	Here	MAN	l .		11/15/17	VICE I	sh	own below	v (see ins	str)?
Paid Preparer Use Only LOUIS J. BARBICH HOOPER KING DILL HOFFMAN Firm's name ▶ BARBICH HOOPER KING DILL HOFFMAN Firm's address ▶ 5001 E COMMERCENTER DR, STE 350	- 1 31	-		Prenarofic o			Check T if DTIN			
Preparer Use Only Compared Discription		Trino type preparer STR	u1116	Lipardiss	ignaturo					
Preparer Use Only Firm's address ▶ 5001 E COMMERCENTER DR, STE 350	Paid	I LOTITE T B	ADBICE 4	114.	det "	14/12	, ,	000441288		
Use Only Firm's address ► 5001 E COMMERCENTER DR, STE 350	_									
Firm's address ► 5001 E COMMERCENTER DR, STE 350	-		ETCH HOOPI	SV VIN	מ חודות שטנגש	WIA	Firm Sein > 33-3	/ 054	:0 T	
		´ 	O1 F COMPA	מואיםי) סק	משם או משי	50				
						50	Phone no. (661)	631_	.117	/1
BAKERSFIELD, CA 93309 Phone no. (661)631-1171 Form 990-PF (2016			WEROL TEID	, CA 3	<u> </u>					

Part IV Capital Gains and Lo	sses for Tax on Investment Income	! <u> </u>			
	describe the kind(s) of property sorick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BERNSTIEN SHOR	T TERM COVERED			01/01/16	06/30/16
b BERNSTIEN LONG		01/01/15	06/30/16		
c BERNSTIEN LONG		01/01/15	06/30/16		
d BERNSTIEN CASH	IN LIEU OF FRAC	CTIONAL SHARES		01/01/15	06/30/16
e LESS BERNSTEIN	SHORT TERM WASH	I		01/01/16	
1 LESS BERNSTEIN	LONG TERM WASH			01/01/15	06/30/16
g CAPITAL GAINS	DIVIDENDS				
h				<u> </u>	<u> </u>
1				- 	
			·	ļ	
<u>k</u>					
				-	
<u>m</u>				 	
<u>n</u>				 	
0	(0.5)	1.20-1) Com on (lone)	L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		i) Gain or (loss) plus (f) minus (g)	
a 2,210,794.		2,156,423.	. <u>.</u>		54,371.
b 3,306,516.		3,351,151.			-44,635.
c 1,113,919.		1,170,114.			<u>-56,195.</u>
d 33.	<u> </u>				33.
e 996. f 3,532.			 		996.
					3,532.
g 20,904.		-			20,904.
<u>h</u>		-			
<u> </u>			· · · · · ·		
<u> </u>					
1	 				
<u> </u>					
n					
0				-	
	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Lo	sses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain òve not less than "-0-")	
a					54,371.
b					-44,635.
C		-			-56,195.
d					33.
е					996.
f					3,532.
g					20,904.
h					
1					
<u></u>					
<u>k</u>					
<u> </u>	 	ļ			
<u>m</u>	 		· -		
<u>n</u>					
0			- 1		
2 Capital gain net income or (net c	apital loss) { If gain, also enti	er in Part I, line 7 -0-" in Part I, line 7	2		-20,994.
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8	oss) as defined in sections 1222(5) a	<u> </u>			
If (loss) enter "-0-" in Part I line		[]	a	NT/A	

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPORA	RY CASH	INVESTMENTS	STATEMENT	1
SOURCE	RE	(A) REVENUE NET PER BOOKS 141.		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	ł	
SANFORD C BERNSTEIN				141.			
TOTAL TO PART I, LI				141.			
FORM 990-PF	DIVIDENDS	AND INT	EREST :	FROM SEC	CURITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINA DIVIDE	S	(A) REVENUI PER BOOK			
SANFORD C BERNSTEIN & CO, LLC	287,090.	20,	904.	266,18	36. 266,18	36.	
TO PART I, LINE 4	287,090.	20,	904.	266,18	266,18	36.	
FORM 990-PF		OTHER	INCOM	E		STATEMENT	3
DESCRIPTION			REV	A) ENUE BOOKS	(B) NET INVEST- MENT INCOME		
MISC. INCOME SANFORD C BERNSTEIN	& CO, LLC	-		0 468). 3.	
TOTAL TO FORM 990-P	F, PART I, 1	LINE 11		468	. 468	 3.	

					
FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT -		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	29,940.	29,940.		0	
TO FORM 990-PF, PG 1, LN 16B	29,940.	29,940.		0	
FORM 990-PF C	THER PROFES	SIONAL FEES	St	PATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES	
MANAGEMENT FEES	53,426.	53,426.		0	
TO FORM 990-PF, PG 1, LN 16C	53,426.	53,426.		0	
FORM 990-PF	TAX	ES	S	TATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES	
TAXES & FILING FEES PAYROLL TAXES FOREIGN TAXES	15,522. 4,013. 4,287.	15,522. 0. 4,287.		4,013 0	
TO FORM 990-PF, PG 1, LN 18	23,822.	19,809.		4,013	
FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES	
OFFICE SUPPLIES	267.	0.		267	
WEBSITE MAINTENANCE & SOFTWARE LICENSES MEALS & ENTERTAINMENT BANK FEES	7,932. 374. 767.	0.		7,932 374 767	

<u>~</u>	RELL FOUNDAT			95	5-322780	
PROMOTION	1,928.	0.			1,928	
TO FORM 990-PF, PG 1, LN 23	11,268.	0.			11,268.	
FORM 990-PF	OTHER INVESTM	ENTS		STATI	EMENT	
DESCRIPTION	VALUAT: METHOI		K VALUI		MARKET ALUE	
SANFORD BERNSTEIN SECURITIES	COST	COST 15,500,900.		00. 15	15,522,550.	
TOTAL TO FORM 990-PF, PART II	, LINE 13	15	,500,90	00. 15	,522,55	
	LIST OF OFFICE AND FOUNDATION		ORS	STAT	EMENT	
NAME AND ADDRESS	TITLE AI AVRG HRS		IPEN- ION	EMPLOYEE BEN PLAN CONTRIB		
VIRGINIA COWENHOVEN P.O. BOX 440	BOARD MEM	RED				
BAKERSFIELD, CA 93302	0.50	BBK	0.	0.		
BAKERSFIELD, CA 93302 VIRGINIA MOORHOUSE P.O. BOX 440		BEK	0.	0.		
BAKERSFIELD, CA 93302 VIRGINIA MOORHOUSE P.O. BOX 440 BAKERSFIELD, CA 93302 TRACEY COWENHOVEN P.O. BOX 440	0.50 PRESIDENT	IDENT	0.		ı	
BAKERSFIELD, CA 93302 VIRGINIA MOORHOUSE P.O. BOX 440 BAKERSFIELD, CA 93302 TRACEY COWENHOVEN P.O. BOX 440 BAKERSFIELD, CA 93302 RICHARD BEENE P.O. BOX 440	PRESIDENT 10.00 VICE PRESI	IDENT	0.	0.		
	0.50 PRESIDENT 10.00 VICE PRESI 30.00 SECRETARY	IDENT 4 /TREASUREF	0. 19,110.	0. 7,442.		

THE VIRGINIA AND ALFRED HARRELL	FOUNDAT		95-3	227803
JOHN MOORHOUSE P.O. BOX 440 BAKERSFIELD, CA 93302	BOARD MEMBER 0.50	0.	0.	0.
PETER COWENHOVEN P.O. BOX 440 BAKERSFIELD, CA 93302	BOARD MEMBER 0.50	0.	0.	0.
ANNA COWENHOVEN P.O. BOX 440 BAKERSFIELD, CA 93302	BOARD MEMBER 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	49,110.	7,442.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

10 STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

TRACY COWENHOVEN P. O. BIN 440 BAKERSFIELD, CA 93302

TELEPHONE NUMBER NAME OF GRANT PROGRAM

661-395-7290

THE BAKERSFIELD CALIFORNIAN FOUNDATION GRANT

EMAIL ADDRESS

TCOWENHOVEN@BAKERSFIELD

FORM AND CONTENT OF APPLICATIONS

GRANT APPLICATION FORM AVAILABLE ON FOUNDATION WEBSITE.

SHALL PROVIDE: ORGANIZATION NAME, ADDRESS, CONTACT PERSON, PURPOSE OF ORGANIZATION, PROJECT FOR WHICH FUNDS ARE SOUGHT, PROJECT NEEDS, INFORMATION RELATED TO SIMILAR PROGRAMS, FUTURE FUNDING, INFORMATION RELATING TO LASTING BENEFITS, AND INVOLVEMENT OF OTHER GROUPS.

REQUESTS MUST ALSO INCLUDE A BUDGET FOR THE PROJECT, OPERATIONG BUDGET FOR THE ORGANIZATION, IRS EXEMPTION LETTER, AND A LIST OF THOSE ON THE GOVERNING BOARD.

ANY SUBMISSION DEADLINES

APRIL 8 AND OCTOBER 18

RESTRICTIONS AND LIMITATIONS ON AWARDS

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