



| | |
|--------------|---|
| DATE | November 29, 2022 |
| TIME | 12:00 pm |
| LOCATION | Teams Meeting / 5005 Business Park N/ Bakersfield, CA 93309 |
| TEAMS LINK | Click here to join the meeting |
| PHONE NUMBER | (213) 204-2374 / ID: 916 891 142# |

Board of Directors Meeting Agenda

Per Governor's Executive Order N-29-20 and Assembly Bill 361, Meeting to be held via Tele-Conference. Members of the public may join the tele-conference or listen to the call from the CAPK office at 5005 Business Park North, Bakersfield, CA 93309

I. Call to Order

a. Roll Call

| | | |
|----------------------|----------------|---------------|
| Kevin Burton (Chair) | Nila Hogan | Fred Plane |
| Michael Bowers | Ariana Joven | Michele Shain |
| Don Bynum | Chase Nunneley | Chei Whitmore |

II. Resolution Approving Authorization and Verification that the Exemption from Traditional Teleconference Requirements is Necessary Pursuant to Assembly Bill 361

- a. Resolution #2022-05 – **Action Item (p. 3-4)** Jeremy Tobias, Chief Executive Officer
- b. Governor's Executive Order N-29-20 and Assembly Bill 361 Update – **Info Item (p. 5-6)** Jeremy Tobias, Chief Executive Officer

III. Public Comment

The public may address the Board of Directors on items not on the agenda. Speakers are limited to 3 minutes. If more than one person wishes to address the same topic, the total group time for the topic will be 10 minutes. Please state your name before making your presentation.

IV. Consent Agenda

The Consent Agenda consists of items that are considered routine and non-controversial. These items are approved in one motion unless a member of the Board or Public requests removal of a particular item. If comment or discussion is requested, the item will be removed from the Consent Agenda and will be considered in the order listed

- a. Minutes of the September 27, 2022, Board of Directors Meeting – **Action Item (p. 7-10)**

V. Old Business

- c. Friendship House Community Center (FHCC) Sports Field Enhancement Fundraising Project Update – **Info Item (p. 11)** Pritika Ram, Chief Business Development Officer

VI. New Business

- a. Grants and Sponsorships – **Action Item (p. 12)** Catherine Anspach, Director of Development
 - 1. Small Funding Profile
 - i. Kern Health Systems
 - i. Valley Strong Credit Union
 - ii. Bakersfield West Rotary
- b. Kern Health Systems (KHS) Contract – Asset Transfer Form – **Action Item (p. 13-28)** Pritika Ram, Chief Business Development Officer

- c. Board of Directors 2023 Meeting Schedule – **Action Item (p. 29)** Catherine Anspach, Director of Development
- d. Board Application Packet & Commitment Letter – **Action Item (p. 30-32)** Kevin Burton, Board Chair
- e. Foundation IRS Form 990 2021 – **Info Item (p. 33-55)** Tracy Webster, Chief Financial Officer
- f. Fundraising Activities – **Info Item (Verbal Report)** Catherine Anspach, Director of Development
 - 1. FY 2023 Foundation Kick-Off
 - 2. Maya Cinema External Event
 - 3. 2023 Foundation Fundraiser
 - 4. Other Events
 - i. 2023 Board Retreat
 - ii. Foundation Events Committee Meeting
 - iii. Food Bank Ribbon Cutting Planning

VII. Board Member Comments

VIII. Next Scheduled Meeting

Board of Directors Meeting
12:00 pm
Tuesday, January 24, 2023 (Tentative)
5005 Business Park North
Bakersfield, CA 93309

IX. Adjournment

This is to certify that this Agenda Notice was posted in the lobby of the CAPK Administrative Office at 5005 Business Park North, Bakersfield, CA and online at www.capk.org by 5:00 pm, November 23, 2022. Paula Daoutis, Administrative Coordinator.



RESOLUTION 2022-05

A RESOLUTION OF THE BOARD OF DIRECTORS OF COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION AUTHORIZING USE OF TELECONFERENCING FOR PUBLIC MEETINGS UNDER AB 361

The Board of Directors of Community Action Partnership of Kern Foundation met in person at CAPK Administrative Office, located at 5005 Business Park North, Bakersfield, CA 93309 and virtually on November 29, 2022, in Bakersfield, California and resolved as follows:

WHEREAS, the Governor of the State of California (Governor) proclaimed a State of Emergency to exist as a result of the threat of COVID-19. (Governor's Proclamation of a State of Emergency (Mar. 4, 2020); and

WHEREAS, the Governor's Executive Order No. N-25-20 (Mar. 12, 2020); Governor's Executive Order No. N-29-20 (Mar. 17, 2020); and Governor's Executive Order No. N-08-21 (Jun. 11, 2021) provided that local legislative bodies may hold public meetings via teleconferencing and make public meetings accessible telephonically or otherwise electronically to all members of the public seeking to observe and to address the local legislative body and waived the Brown Act provisions found in Government Code section 54953(b)(3) which require the physical presence of the members, the clerk, or other personnel of the body, or the public, as a condition of participation in, or quorum for, a public meeting, including the requirement that:

1. State and local bodies notice each teleconference location from which a member will be participating in a public meeting.
2. Each teleconference location be accessible to the public.
3. Members of the public may address the body at each teleconference location.
4. State and local bodies post agendas at all teleconference locations.
5. During teleconference meetings at least a quorum of the members of the local body participate from locations within the boundaries of the territory over which the local body exercises jurisdiction.

WHEREAS, the provisions of Governor's Executive Order No. N-25-20 (Mar. 12, 2020); Governor's Executive Order No. N-29-20 (Mar. 17, 2020); and Governor's Executive Order No. N-08-21 (Jun. 11, 2021) expired on September 30, 2021 and will no longer remain in effect thereafter; and

WHEREAS, the Center for Disease Control is currently contending with the Delta Variant of the COVID-19 virus and anticipates the development of potential other strains which may further impede public agency operations and prolong the need for social distancing requirements; and

WHEREAS, recent legislation (AB 361) authorizes a local legislative body to use teleconferencing for a public meeting without complying with the Brown Act's teleconferencing quorum, meeting notice, and agenda requirements set forth in Government Code section 54953(b)(3), in any of the following circumstances:

1. The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.
2. The legislative body holds a meeting during a proclaimed state of emergency for purposes of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health and safety of attendees.
3. The legislative body holds a meeting during a proclaimed state of emergency and has determined by majority vote pursuant to 2 above that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Community Action Partnership of Kern Foundation as follows:

1. **Determination of Imminent Health or Safety Risks.** The Board of Directors hereby determines by majority vote that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.
2. **Continued Implementation of AB 361.** If the state of emergency remains in effect and meeting in person would present imminent risks to the health or safety of attendees, the Board of Directors shall, to continue meeting subject to the provisions set forth in AB 361 and the Brown Act, no later than 30 days after it adopts this Resolution and every 30 days thereafter, make the following findings by majority vote:
 1. The Board of Directors has reconsidered the circumstances of the state of emergency; *and*
 2. Either (1) the state of emergency continues to directly impact the ability of the members to meet safely in person; or (2) state or local officials impose or recommend measures to promote social distancing.

APPROVED by a majority vote of the Board of Directors of Community Action Partnership of Kern Foundation, this 29th day of November 2022.

Kevin Burton, Board Chair
CAPK Foundation Board of Directors

Date



MEMORANDUM

To: CAPK Foundation Board of Directors

From: Jeremy Tobias, Chief Executive Officer
Date: November 29, 2022
Subject: *Agenda Item II(b):* Governor's Executive Order N-29-20 and Assembly Bill 361 Update – **Info Item**

The Governor is expected to lift his COVID-19 State of Emergency on February 28, 2023. Without any other declared State of Emergency, entities subject to the Brown Act, like CAPK, will no longer be able to rely on AB 361's revised teleconference requirements as of March 1, 2023. Instead, if CAPK wants to continue meeting via teleconference, it must do so under the Brown Act's standard teleconference requirements. Those are as follows:

- Each teleconference location must be accessible to the public, and ADA accessible. (Gov. Code, § 54953, subd. (b)(3); Gov. Code, § 54953.2.)
- At least a quorum of the members of the legislative body must participate in the meeting from locations within the agency's boundaries. (*Ibid.*)
- The agenda must:
 - List each teleconference location. (*Ibid.*)
 - Provide an opportunity for members of the public to address the legislative body at each teleconference location. (*Ibid.*)
 - Be posted at each teleconference location. (*Ibid.*)

With that being said, there are some new tools available to ease members back into this routine. However, these tools do not provide the flexibility we have grown accustomed to over the past two years.

During this year's legislative cycle, the Legislature approved, and the Governor signed into law AB 2449. AB 2449 authorizes a legislative body to meet via teleconference without having to (i) make each teleconference location accessible to the public, (ii) list each teleconference location on the agenda, and (iii) post the agenda at each teleconference location *if at least a quorum of the legislative body participates in person from a singular physical location located within the agency's boundaries and that physical location is open to the public.* (Gov. Code, §54953, subd. (f)(1).) Further, the agency must provide a videoconference platform by which the public can participate and provide comment. (Gov. Code, §54953, subd. (f)(1)(A).)

In reality, only a small handful of members can actually participate via teleconference under these revised requirements. And to do so, those members must have (1) "just cause" or (2) an "emergency circumstance."

“Just cause” means (i) having to care for a child or other family members, (ii) having a contagious illness, (iii) having a need related to a physical or mental illness, or (iv) having to travel for official agency business. (Gov. Code, §54953, subd. (j)(2).) To meet via teleconference under this exception, a member must notify and provide this “just cause” to the legislative body. (Gov. Code, §54953, subd. (f)(2)(A)(i).) Importantly, a member can only exercise this exception for two meetings in a calendar year. (*Ibid.*)

“Emergency circumstance” means a physical or family medical emergency that prevents a member from attending in person. (Gov. Code, §54953, subd. (j)(1).) To meet via teleconference under this exception, a member must *request* that the legislative body allow the member to meet via teleconference due to the “emergency circumstance” and the legislative body must approve that request. (Gov. Code, §54953, subd. (f)(2)(A)(ii).)

In any event, if a member meets under these revised teleconference requirements, that member must participate using audio **and** video. (Gov. Code, §54953, subd. (f)(2)(C).) Further, that member must disclose any persons over the age of 18 in the room with the member and their relation to those persons. (Gov. Code, §54953, subd. (f)(2)(B).) Finally, the member cannot meet using these revised teleconference requirements for more than 20% of the regularly scheduled meetings in a given year or more than two meetings if the agency holds less than ten regular meetings in a calendar year. (Gov. Code, §54953, subd. (f)(3).)

The above provisions will sunset in January 2024.

Staff will continue to review these requirements and guide the Board through the proper protocols for CAPK Board and Committee meetings. The agency will follow the provisions of AB 361 through the end of February 2023.



DATE September 27, 2022

TIME 12:00 pm

LOCATION Teams Meeting / In-Person at
5005 Business Park North
Bakersfield, CA 93309

TEAMS LINK [Click here to join the meeting](#)

PHONE NUMBER (213) 204-2374 / ID: 812 140 91#

COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION Board of Directors Meeting Minutes

I. Call to Order

Board Chair Kevin Burton called the meeting to order at 12:00 pm at the CAPK Administrative Offices, located at 5005 Business Park North., Bakersfield, CA.

a. Roll Call

Roll Call was taken with a quorum present:

Present: Kevin Burton (Chair), Michael Bowers (joined at 12:04 pm), Don Bynum, Nila Hogan, Chase Nunneley, Fred Plane, Chei Whitmore

Absent: Ariana Joven, Michele Shain

Others Present: Jeremy Tobias, Chief Executive Officer; Freddy Hernandez, Director of Youth & Community Services; Traco Matthews, Chief Program Officer; Pritika Ram, Chief Business Development Officer; Emilio Wagner, Director of Operations; Tracy Webster, Chief Financial Officer; other CAPK staff

II. Public Comments

No one addressed the Board.

III. Resolution Approving Authorization and Verification that the Exemption from Traditional Teleconference Requirements is Necessary Pursuant to Assembly Bill 361 – Jeremy Tobias, Chief Executive Officer – Action Item

a. Resolution #2022-04

Motion was made and seconded to approve Resolution #2022-04. Carried by unanimous vote (Plane/Bynum).

IV. Consent Agenda

Motion was made and seconded to approve the Consent Agenda. Carried by unanimous vote (Plane/Nunneley).

Kevin Burton introduced Catherine Anspach, Director of Development and said she has been very active and moving the Foundation in a positive direction.

V. Old Business

- a. Friendship House Community Center (FHCC) Fundraising Campaign Update – Pritika Ram, Chief Business Development Officer – ***Info Item***

Pritika Ram provided an update of the FHCC Sports Field Enhancement Campaign and said that the project was designed to address the community’s need for green space and provide a safe and secure environment for youth to access a sports field in Southeast Bakersfield. Pritika reported that Assemblymember Rudy Salas has secured \$1,000,000 in funding that will be used for fencing and lighting. Staff will pursue other funding options through grants to secure the remaining funds for the solar panels to complete the project.

Emilio Wagner said that the fencing RFP has gone out to bid and the lighting RFP goes out this week. Once the funding contract is received, the expenditure contracts will be executed.

Pritika Ram also informed the Board that CAPK has been approached by the City of Bakersfield to discuss options for a micro-grid and said that if CAPK happens to move forward, it will escalate the solar project. Jeremy Tobias explained that the micro-grid is a self-contained site and where you can function if the power goes out. Emilio Wagner further explained it is typically seen as a backup generator, renewable energy for the main power source. Batteries are used alternatively to save on costs and power can be toggled back in forth. If power goes out in the community, it is a resource for people in the community to come into the center to benefit from the power. Jeremy said that the micro-grids partially helped to keep CA without having to resort to rolling blackouts during the recent heat wave, and it is a great option for emergency usage. There is funding available, and the City of Bakersfield is responsible for the distribution of funds for that purpose, and if awarded, it could pave the way to fund the solar panels and add another component in expanding services at FHCC.

Kevin asked if we have contacted the Superintendent of Schools to find out if they had plans for the surrounding property. Pritika replied and said that they currently do not have any plans for the property at this time, and not sure if they are interested in selling. The land could possibly be used to erect low-income housing, a community garden, or provide other options to expand services for FHCC. Jeremy said we may have an opportunity to partner with KCSOS in the future.

- b. Food Bank Expansion – Emilio Wagner, Director of Operations – ***Info Item***

Emilio Wagner shared a presentation showcasing the progress of the Food Bank Expansion and said that construction is moving along, but slower than anticipated. There have been some delays with site concrete, and structural concrete, which resulted in a 55-day delay. Good news is that they are now back on track and the access road is completed. The structural slab is 95% complete and the last pour will be completed next month. The metal building erection began yesterday, and the columns are going up. The steel structure should be complete by October 20th and the roof sheathing by November 7th. The interior electrical, mechanical & fire will begin on November 21st and the estimated occupancy is scheduled for mid-March 2023.

Emilio also reported that the budget is looking good and discussed some opportunities to initiate some cost savings. The estimated revenue for the entire project is \$14,900,000 and staff has additional construction work for any additional funds.

Kevin Burton asked about the \$3 million from the Wonderful Company. Pritika Ram reported that we do have a signed contract, but they are waiting for us to hit specific milestones before they announce.

VI. New Business

a. Foundation Development (PowerPoint Presentation) – Catherine Anspach, Director of Development – ***Info Item***

Catherine Anspach shared her activities for her first six weeks and said that she has spent time with program staff to understand their critical needs and funding gaps. Catherine emphasized that storytelling is important, and potential funders need to know more in-depth information about CAPK, not just what the needs are. Marketing & Collateral is important, and a one-sheet was developed to help tell the story, and Catherine is also working to update the website. Catherine also noted that CAPK donations are now going to be directed towards the Foundation. It is important to steward, engage and thank the donors. Catherine also said that she has spent some time evaluating the current CRM (Donor Perfect), and has been researching options for a new CRM, that will be able to add different points and will help us to manage events once we begin hosting events.

Catherine briefly discussed a fundraising campaign centered around the Huggy Heart and developed collateral that will be used within the programs and different site locations, by area of need. Kevin Burton said he loves the idea, and it will bring in a lot of money and it puts the brand out in the community.

Catherine also discussed upcoming Fundraising Campaigns and will create a QR Code, flyers and placards. Remittance envelopes will also be available for year-end giving for those that want to donate by check. Another option to explore is employee giving that will be recurring donations.

Kevin Burton said that the grassroots fundraising will help to build the Foundation, but it is also necessary to create sponsorship proposals and grant requests.

b. 2023 Event Planning – Catherine Anspach, Director of Development – ***Info Item***

Pritika Ram said that with the new timeline for the Food Bank, we are going to have the ribbon cutting / grand opening in April or May 2023. A committee will be assembled to start the planning.

Catherine emphasized the need to host events, building up to a signature event. Catherine said an Event Committee comprised with Foundation Board members and staff will be established soon to move this along.

c. Board Recruitment – Kevin Burton, Board Chair – ***Info Item***

Kevin said that we need to begin increasing the Foundation Board and bring on doers that can help to get some of the work done. Kevin asked the board members to recommend candidates.

Don Bynum asked what the maximum number of Board Members is. Pritika Ram said that per the Bylaws, the maximum number is 21 but that may be too large at this point and recommended another 4 to 5 members be added in the coming months.

c. Review of Board Member Responsibilities – ***Info Item***

Kevin Burton said the Board needs to be more engaged, and time is limited. Kevin is asking members to help educate the community about CAPK.

VII. Board Member Comments

- Catherine Anspach thanked Don Bynum for hosting the Bingo Night.

VIII. Next Scheduled Meeting

Board of Directors Meeting
12:00 pm
Tuesday, November 29, 2022
5005 Business Park North
Bakersfield, CA 93309

IX. Adjournment

The meeting was adjourned at 12:59 pm



MEMORANDUM

To: Board of Directors

From: Pritika Ram, Chief Business Development Officer

Date: November 29, 2022

Subject: *Agenda Item V(a)*: Friendship House Community Center (FHCC) Sports Field Enhancement Fundraising Project Update – **Info Item**

This past month, staff met with the City of Bakersfield, the pass-through entity, and the State of California - Natural Resources Agency Department of Parks and Recreation Office of Grants and Local Services (OGALS) to discuss the details associated with the Friendship House Community Center (FHCC) Sports field enhancement project, consisting of new fencing, lighting, and solar.

The duration of the contract period begins on December 12, 2022, through June 30, 2024, and will include a California Environmental Quality Act (CEQA) Compliance Certification which will be conducted by the City of Bakersfield. This contract will also allow the agency to receive an advance of up to 25% to assist with the cash flow required to cover initial expenses by the contractor, supplier, or service providers. The total grant amount is \$1,000,000.00.

During the subsequent meeting, staff will recommend to the CAPK Board of Directors to authorize the Chief Executive Officer to execute the 2022-23 City of Bakersfield – State of California Natural Resources Agency Department of Parks and Recreation agreement for the Friendship House Community Center Sports field Enhancement project.

Once the contract is fully executed, staff will move forward with obtaining bids and anticipates the project will be completed within a 10-month project period.

Community Action Partnership of Kern Foundation Grants and Sponsorship Detail

| Outcome: Awarded | | | |
|-----------------------|---|--------------------------|------------------------------|
| Funding Type | Private | CAPK Program | Oasis Family Resource Center |
| Funding Agency | Kern Health Systems | Project Name | Foundation Sponsorship |
| CFDA | n/a | Target Population | Ridgecrest Population |
| Request | \$25,000 | Division Director | Catherine Anspach |
| Award Period | 4 th Quarter 2022 | Program Manager | Eric LaBarbe |
| Description | Foundation proposal to secure funds for Oasis Family Resource Center (FRC)-Vehicle | | |
| Outcome: Pending | | | |
| Funding Type | Private | CAPK Program | General |
| Funding Agency | Valley Strong | Project Name | Foundation Sponsorship |
| CFDA | n/a | Target Population | none |
| Request | \$25,000 | Division Director | Catherine Anspach |
| Award Period | 4 th Quarter 2022 | Program Manager | none |
| Description | Foundation proposal to secure general funds –Area of need not determined | | |
| Outcome: Awarded | | | |
| Funding Type | Private | CAPK Program | Shafter Youth Center |
| Funding Agency | Bakersfield West Rotary | Project Name | Foundation Sponsorship |
| CFDA | n/a | Target Population | Shafter Population |
| Request | \$5,000 | Division Director | Catherine Anspach |
| Award Period | 4 th Quarter | Program Manager | Angie Nelson |
| Description | Foundation proposal to secure funds for Shafter Youth Center motorized Basketball Backstops | | |

Note: Grants and applications are shared with the CAPK Program Review, and Evaluation (PRE) Committee monthly.



MEMORANDUM

To: Board of Directors

A handwritten signature in blue ink, appearing to read "Pritika Ram", is written over the printed name.

From: Pritika Ram, Chief Business Development Officer

Date: November 29, 2022

Subject: *Agenda Item VI(b)*: Kern Health Systems (KHS) Grant Agreement – **Action Item**

Through the Foundation, the following grant was received on behalf of a CAPK program.

| | |
|-------------------|---|
| Grantor: | Kern Health Systems (KHS) |
| Use of Funds: | Purchase a vehicle (hybrid minivan) for the Oasis Family Resource Center (FRC) in Ridgecrest, Ca. |
| Amount: | \$25,000.00 |
| Term of contract: | October 1, 2022 to June 30, 2023 |
| Details: | The funds will help provide adequate transportation for the FRC staff to transport clients to/from appointments and make home visits. The KHS funds will be combined with a \$20,000.00 grant from Wells Fargo, totaling \$45,000.00 towards the vehicle purchase, as well as supplemental discretionary program funds. |

The purchase of the vehicle will be shared by Community Action Partnership of Kern (CAPK). After the purchase, the Foundation will release full rights of the capitalized asset through an Asset Transfer to CAPK to be tracked and monitored as per the agency's Accounting and Finance Manual.

Recommendation:

Staff recommend the approval to accept the Kern Health System (KHS) agreement, authority to engage in the purchase, and release the asset to Community Action Partnership of Kern (CAPK) to manage the asset (vehicle).

Attachment:

Fully Executed Agreement with KHS

**KERN HEALTH SYSTEMS
PROVIDER
GRANT AGREEMENT
WITH
COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION**

**KERN HEALTH SYSTEMS
PROVIDER GRANT AGREEMENT**

This Provider Grant Agreement (“Agreement”) is made and entered into by and between Kern Health Systems, a county health authority (hereinafter “KHS”), and Community Action Partnership of Kern-Foundation (hereinafter “Grantee”).

RECITALS

- A. KHS desires to enter into an Agreement for the provision of furthering its mission as a community health plan serving the vulnerable and underserved population in Kern County;
- B. KHS is committed to maintaining a strong network of quality physicians that provide medical care to our 340,000+ membership. As KHS prepares to add services that include non-clinical resources through the CalAIM initiative, it is imperative to also extend these grants to network providers that can deliver services that address our members’ social determinants of health. In the effort to ensure these critical resources, KHS is investing grant funds to develop these programs; and
- C. KHS has approved the award of grant funds (“Grant Funds,” “Grant Funding,” or the “Grant”) to Grantee, to be disbursed to Grantee in accordance with this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained in this Agreement, it is hereby agreed as follows:

1. Purpose of the Grant

The purpose of this Grant is to provide the Grantee with Grant Funds to help enable it to carry out the programs as detailed in, and pursuant to the budget included in, the attached Exhibits.

II. Term of Grant Agreement

This Agreement shall become effective on October 1, 2022 (“Effective Date”). Unless otherwise specified herein, this Agreement shall not automatically renew and shall expire on June 30, 2023. Any claims or request for Grant Funds submitted after the termination date to KHS shall be denied and deemed time barred.

III. Conditions and Terms of the Grant

- A. As a condition of receiving this Grant Funding, Grantee represents and warrants that Grantee or any of its principals:
 - I. Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any federal agency or from participating in any state or federal healthcare programs;

2. Have not, within a three (3) year period preceding this offer, been convicted of or had a civil or criminal judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract.
3. Have no conflicts of interest, or received special treatment or consideration from, with, or by KHS, including those individuals associated with grant-making activities.

B. As a condition of Grant Funding, Grantee represents that it is: (1) a licensed free or community clinic, a public agency, or a tax-exempt 501(c)(3) entity; or (2) a KHS contracted provider group; and (3) a provider to Medi-Cal or uninsured patients; and (4) located in and primarily serving people in Kern County; and (5) contracted KHS provider must be in good standing and meet all KHS Credentialing Requirements.

C. Grantee shall forward reports to KHS in accordance with the terms outlined in Exhibit D, Reporting Requirements. The reports must document progress made during the reporting period in accordance with the attached Exhibit B, Scope of Work, and Exhibit C, Budget. Grantee must also report on activities carried out in compliance with Section VIII, Acknowledgement and Communication Requirements. Failure to submit timely and complete reports may impact receipt of Grant Funding under this Agreement. Refer to Exhibit D, Reporting Requirements for a complete list of reports.

D. Grantee shall submit two (2) original copies of this Agreement signed by authorized representatives of Grantee and one copy of Grantee's IRS Form W-9, if not previously provided to KHS.

IV. Disbursement of Grant Funding

This Grant Funding will be disbursed to Grantee as indicated below.

- A. Grantee will be eligible to receive Grant Funds in an amount not to exceed twenty-five thousand (\$25,000) over a (8) month period. Grant Funding will be disbursed on a monthly basis. Grantee will submit monthly invoices to KHS by the (25th) date of the month prior to KHS' release of Grant Funds based on Grantee's actual expenses. Refer to Exhibit D, Reporting Requirements, for a template of the Monthly Progress Report. Certain additional information may be required for particular categories as described in Exhibit D, including but not limited to:
 - a. Capital Expenses greater than \$10,000/unit
 - b. Operating Expenses greater than \$2,000/unit

- B. KHS shall make any qualifying disbursement within sixty (60) days following the receipt of complete monthly reports as outlined in Exhibit D, Reporting Requirements.

Expenditure of Grant Funding must be consistent with the approved grant budget, attached as Exhibit C, Budget, and shall be used exclusively for KHS Members in a timely manner and in accordance with the Member's applicable Evidence of Coverage and Health Care Benefits Contract. Revisions of the grant budget must be requested in writing when changes, in any line item, are projected to be above ten percent (10%) of the approved budget.

Notwithstanding the provisions of this Section IV, KHS will not make any disbursement of the Grant Funds unless Grantee is in compliance with all of the terms and conditions of this Agreement, and only as long as the disbursement of Grant Funding: (1) will not violate any provision of law, regulation, guidance, order, state or federal policies, or administrative ruling to which KHS is subject; and (2) will not subject KHS to any tax, penalty or fine.

V. Default, Termination

- A. Disbursement and Recovery of Grant Funds by KHS in KHS's Sole Discretion. KHS will not be obligated to disburse any Grant Funds, if Grantee is in default under the terms of any agreement, including this Agreement, providing funding from KHS. KHS, at its sole discretion, may terminate the Agreement and KHS will be under no further obligation to extend Grant Funds should Grant disbursement be used for any purpose other than those specified under this Agreement. KHS, in its sole discretion, may terminate this Agreement at any time without any further obligation to the Grantee if: (1) in KHS' sole judgment, the Grantee becomes unable to carry out the purposes of the Agreement; and/or (2) the Grantee fails to comply with the conditions of this Agreement; and/or (3) KHS' anticipated funds designated to support this Agreement are reduced or discontinued. If this Agreement is terminated prior to the end of the Agreement term in Section II, the Grantee shall reimburse KHS any Grant Funds received from KHS under this Agreement.
- B. Immediate Termination by KHS. This Agreement may be terminated immediately for cause by KHS. Cause for termination shall be:
- a. Any act for which Grantee's license, certification, Controlled Substance Permit, medical staff membership or clinical privileges at a Participating Hospital is revoked, suspended or restricted in a manner that might materially affect Grantee's ability to provide Covered Services pursuant to its services agreement with KHS.
 - b. A violation of any law or regulation that materially impairs Grantee's ability to perform this Agreement.
 - c. Conviction of a felony or any crime related to the practice of Grantee's profession.

d. Failure to maintain Grantee's insurance as required by this Agreement or the Knox-Keene Act.

C. Termination without cause. This Agreement may be terminated by either party, without cause, by giving thirty (30) days written notice to the other party. Termination shall be effective at 12:01 a.m. on the 30th calendar day.

VI. Monitoring

KHS reserves the right to monitor and conduct an evaluation of the project operations funded by this Agreement. This monitoring may include but is not limited to: (1) a site visit by KHS personnel at a reasonable time to review the progress, pertinent records and/or subcontracts; (2) other material related to grant activities; (3) any other activity related to this Agreement. KHS reserves the right to audit all financial records pertaining to this Agreement. Records shall be retained by Grantee for at least five (5) years after the termination of all of Grantee's duties under this Agreement.

VII. Indemnification

Grantee agrees to indemnify, defend and hold KHS and KHS' officers, directors, employees, agents, and authorized representatives harmless from and against any and all losses, liabilities, charges, damages, penalties, awards, claims, or costs and expenses (including, but not limited to, reasonable attorneys' fees of counsel retained by KHS, expert fees, costs of staff time, and investigation costs) of whatever kind or nature, arising as a result of Grantee undertaking Grant Funds activities pursuant to this Agreement including, but not limited to, any loss due solely to the acts or omissions of Grantee in the performance of this Agreement.

VIII. Acknowledgement and Communication

A. In all written materials for public distribution prepared in accordance with project activities funded by this Agreement, Grantee shall include the following statement: "This project is funded in part by Kern Health Systems to implement Provider Grant Programs and services to meet the needs of KHS members throughout Kern County"

B. During the term of this Agreement, Grantee must name KHS as grantor in all communications relating to this project and must acknowledge KHS at all fundraising events as a sponsor of this project.

C. If applicable to this Agreement, permanent signage recognizing KHS will be posted in a conspicuous location at or near the entrance of any site that uses KHS funds to improve its physical plant; this signage will recognize KHS as a founding donor or language to that effect. In using any KHS trademarks or logos, Grantee shall comply with KHS' branding policies.

D. If mutually agreed in writing, KHS and Grantee will prepare and issue joint press releases that recognize KHS' contribution and its importance in addressing community needs.

E. KHS may include information regarding the grants on KHS' external website which may be publicly available.

F. Grantee will report on all the above listed activities in the reports required by and in accordance with the schedule determined at the time the Grant Funds are awarded.

IX. No Right of Assignment or Delegation

Grantee may not assign or otherwise transfer its rights or delegate any of its obligations under this Agreement, with the exception of any needed subcontractors, which shall agree to be bound by all applicable terms and conditions of this Agreement. Any other attempted assignment shall be null and void *ab initio* and is considered a material breach of this Agreement.

X. Validity and Amendment

If any term or part of any term or condition of this Agreement is determined to be invalid it shall not affect the validity of the other terms and conditions. This Agreement can be modified by an amendment written and authorized by representatives of KHS and Grantee.

XI. Compliance with Applicable Law.

Grantee agrees to comply with all applicable federal, State, and local laws, ordinances regulations, or guidance.

XII. Entire Agreement.

This Agreement and the exhibits incorporated herein represent the complete, total and final understanding of the parties, and no other understanding or representations, oral or written, regarding the subject matter of this Agreement, shall be deemed to exist or to bind the parties hereto at the time of execution.

XIII. Choice of Law and Arbitration.

This Agreement shall be construed according to the laws of the State of California, without regard to its provisions regarding conflict of laws. After exhaustion of all applicable KHS procedures, any controversy or claim arising out of or relating to this Agreement or the breach thereof shall be arbitrated pursuant to Title 9, Part 3, commencing with Section 1280, of the Code of Civil Procedure. Such arbitration shall occur within the County of Kern, State of California, unless the parties mutually agree to another location. The parties shall share the cost of the arbitrator(s) equally and no party shall be entitled to recover attorney's fees or costs from any other party. This Paragraph

shall not prevent either party from seeking or obtaining injunctive relief in addition to other relief.

XIV. Third Party Beneficiaries.

There are no third-party beneficiaries to this Agreement. The Agreement may only be enforced by the parties.

XV. Severability.

If any provision of this Agreement is found to be illegal or unenforceable, this Agreement nevertheless shall remain in full force and effect and the illegal or unenforceable provision shall be stricken.

XVI. Waiver.

No waiver of any provision of this Agreement or of the breach of any provision of this Agreement shall be effective unless it is written and signed by the party against whom it runs. No waiver shall be deemed a waiver of any other matter.

XVII. Notices

Any notices required or permitted to be given shall be in writing and shall be deemed delivered upon personal delivery; twenty-four (24) hours following deposit with a courier for overnight delivery; or seventy-two (72) hours following deposit in the U.S. Mail, registered or certified mail, postage prepaid, return-receipt requested, addressed to the parties at the following addresses or to such other addresses as the parties may specify in writing:

To KHS: Kern Health Systems
2900 Buck Owens Blvd.
Bakersfield, CA 93308
Attn.: _____

To Grantee: Community Action Partnership of Kern Foundation
Attn.: Catherine Anspach, Director of Development

XIII. Authorized Signature

This Agreement correctly sets forth Grantee's understanding of the terms and conditions of the Grant Funds. Grantee accepts this Agreement by having and represents that it has an authorized individual sign and date in the spaces provided below.

XIV. General Provision

Grantee shall refer to the Physician Services Agreement for all other terms including but not limited to Eligibility Verification and Coordination of Benefits Obligations. Grantee is bound by the obligations and requirements of the KHS Physician Services Agreement.

By their signatures below, the signatories represent and warrant that they are authorized to enter into this Agreement on behalf of the parties.

KERN HEALTH SYSTEMS

**COMMUNITY ACTION
PARTNERSHIP OF KERN FOUNDATION**

SIGNATURE:  _____

SIGNATURE:  _____

PRINT NAME: Emily Duran

PRINT NAME: Jeremy T. Tobias

TITLE: Chief Executive Officer

TITLE: CAPK Chief Executive Officer / Foundation President

DATE: 10/26/2022

DATE: 10/26/2022

GRANT EFFECTIVE DATE: October 1, 2022

EXHIBIT A

GRANT FUNDS PROJECT DESCRIPTION AND GRANTEE SPECIFICATIONS

The Grant funding will be used for the purchase of one vehicle

Grantee Information

Name: Community Action Partnership of Kern Foundation
Tax ID: 86-1249865

Location Services Will Be Provided

Address: 5005 Business Park North
City: Bakersfield
State: CA
Zip: 93309
Days and hours of operation: _____

Grantee Contact Information

Name: Catherine Anspach
Phone: 661-336-5236 ext. 1156
Email: canspach@capk.org
Fax: _____

EXHIBIT B

SCOPE OF WORK

The Scope of Work represented by Grantee to include all tasks, completion timelines, assigned responsible parties, deliverables and deadlines covering the period insert appropriate coverage period is to be created and agreed upon in writing as set forth in this Exhibit B by both parties no later than June 30, 2023.

Kern Health Systems Grant: Scope of Work

I. WORKPLAN

Please describe your proposed project by completing the chart below. Include as many measurable objectives and specific details as possible. Please be sure information detailed in this section corresponds to the project and budget narrative.

| | | | | | |
|--|---|--|------------------------|--|---|
| Organization Name: | | Community Action Partnership of Kern Foundation | | | |
| Project Name: | | | | | |
| Project Period: 10/01/22-06/30/23 | | | | | |
| Contact Name: Catherine Anspach Director of Development | | Contact Phone: 661-336-5236 ext. 1156 canspach@capk.org | | | |
| Use the following table to summarize your proposal. You may replicate and expand as needed. | | | | | |
| Project Goal: | The CAPK Foundation is asking for \$25,000 to subsidize the purchase of a new vehicle that will serve the Oasis Family Resource Center (Oasis FRC) in variety of ways. Because of its rural location, residents of Ridgecrest and surrounding areas often cite transportation as being one of the major barriers to receiving crisis help, food assistance, medical transportation, etc. The Oasis FRC staff will use the vehicle for highly needed items, such as home visits, transporting clients to medical appointments, trainings, meetings, and picking up much needed commodities at the CAPK Food Bank in Bakersfield. | | | | |
| | | Timeline | | | |
| Major Tasks | Activities | Start Date | Target End Date | Expected Outcome(s) | Evaluation Method(s) |
| Purchase of 1 Vehicle | Research for vehicle that is best suited for Ridgecrest community. | 10/01/2022 | 06/30/2023 | Acquire needed vehicle and start providing outline services to the community | Increase number of services being provided in East Kern |

EXHIBIT C

BUDGET

Grantee will be eligible to receive Grant Funds in an amount not to exceed twenty-five thousand (\$25,000) over a (10) month period.

Kern Health Systems Grant: Budget

BUDGET: Complete template below and provide justification for each item in a separate written narrative.

| | |
|---------------------------------------|---|
| Organization Name: | Community Action Partnership of Kern Foundation |
| Project Period: | October 1, 2022 - June 30, 2023 |
| Project Title: | Provider Grant |
| Budget Contact Name and Phone: | Catherine Anspach 661-336-5236 ext. 1156 canspach@capk.org |

| Project Budget | Total Budget | Other Revenue Sources | In-Kind (If applicable) | Total Grant Funding Request |
|---|--------------|-----------------------|-------------------------|-----------------------------|
| PERSONNEL/STAFFING EXPENSES (List title and % FTE on project) | | | | |
| NA | | | | |
| | | | | |
| | | | | |
| | | | | |
| OPERATING EXPENSES | | | | |
| Vehicle | 1 | NA | NA | \$25,000 |
| | | | | |
| | | | | |
| OTHER COSTS - CONTRACTORS | | | | |
| NA | | | | |
| | | | | |
| TOTAL EXPENSES (Personnel + Operating + Other Costs) | | | | \$25,000 |

EXHIBIT D

REPORTING REQUIREMENTS

Grantee shall provide KHS monthly reports by the fifteenth (15th) day of the following month during the term of this Agreement and the month thereafter.

Reports shall include but are not limited to:

- Progress report: Narrative of measured progress of proposed project, template attached
- Monthly Progress Report: Detailed Expenses being requested for reimbursement, template attached
- Evaluation report: Goals and objectives outlined in grant Scope of Work, template attached

KHS may request additional information from Grantee in its discretion.

**PROVIDER GRANT PROGRAM
MONTHLY PROGRESS REPORT**



Reporting Requirements: Grantees are required to report to KHS on all provider grant activities.

Progress reports are **due on or before the twenty-fifth (25) day following the end of each month**. All reports shall document progress made for the reporting period in accordance with the Grantee's approved work plan and budget.

Grant funds will be disbursed on a monthly basis to operationalize the Project as detailed in this Agreement. Grantee will submit monthly invoices, based on actual expenses.

- a. For Capital Expenses over \$10,000/unit, details and back up will be required.
- b. For Personnel/Staffing Expenses, payroll summary for each staff on approved budget will be required
- c. For Operating Expenses items greater than \$2,000/unit, details and back up will be required.

Expenditure of Grant funds must be consistent with the approved Grant budget, Revisions of the Grant budget must be requested in writing when changes, in any line item, are projected to be above ten percent (10%) of the approved budget.

| | |
|-------------------------------|--|
| ORGANIZATION NAME | |
| CONTACT NAME AND TITLE | |
| REPORTING PERIOD | |

| | |
|-----------------------|--|
| MAJOR TASK #1: | |
| TASK UPDATE: | |

| | |
|-----------------------|--|
| MAJOR TASK #2: | |
| TASK UPDATE: | |

| | |
|-----------------------|--|
| MAJOR TASK #3: | |
| TASK UPDATE: | |

PROVIDER GRANT PROGRAM
MONTHLY PROGRESS REPORT



MONTHLY REIMBURSEMENT REQUEST FORM

REPORTING MONTH

| BUDGET ITEMS | TOTAL BUDGETED AMOUNT APPROVED BY KHS | AVAILABLE REMAINING FUNDS | REIMBURSEMENT REQUESTING FROM KHS |
|---|---------------------------------------|---------------------------|-----------------------------------|
| PERSONNEL/STAFFING EXPENSES | | | |
| | | | |
| | | | |
| TOTAL PERSONNEL/STAFFING | | | |
| OPERATING EXPENSES | | | |
| | | | |
| | | | |
| TOTAL OPERATING EXPENSES | | | |
| OTHER COSTS | | | |
| | | | |
| | | | |
| TOTAL OTHER COSTS | | | |
| OTHER REVENUE | | | |
| | | | |
| | | | |
| TOTAL EXPENSES (PERSONNEL + OPERATING + OTHER COSTS) | | | |

AUTHORIZED SIGNATURE

DATE



BOARD OF DIRECTORS

2023 BOARD & STANDING COMMITTEE MEETING CALENDAR

| MONTH | EXECUTIVE COMMITTEE | BOARD MEETINGS |
|-----------|---------------------|--------------------|
| TIME | 12:00 pm – 1:00 pm | 12:00 pm – 1:00 pm |
| January | | 1/24 |
| March | | 3/28 |
| May | | 5/30 |
| July | 07/18 | |
| September | | 9/26 |
| November | | 11/28 |

- ❖ Board of Director Meetings and Committee Meetings are generally held at the Community Action Partnership or Kern Administrative Building, located at 5005 Business Park North, Bakersfield, CA. Notice of change in meeting location will be given in advance.
- ❖ Community Action Partnership of Kern Foundation follows the meeting guidelines of the Ralph M. Brown Act. All meetings are open to the public.

Notes:

- ❖ No Standing Committee or Board meetings are scheduled in July & December. All items will be heard at the Executive Committee meetings.



Board Member Roles & Responsibilities

Purpose

Basis board roles and responsibilities are the foundation for a successful board. The Foundation Board Member Roles & Responsibilities serves as your guide to being an integral part of the overall mission to support the CAPK agency in providing and advocating for resources that will empower members of the communities that CAPK serves, to be self-sufficient.

Roles & Responsibilities

- Create an atmosphere of philanthropy and ambassadorship by leading by example.
- Serve on at least one committee of the Board.
- Commit time to attend no less than 60% of Board & Committee meetings and other Foundation-sponsored events.
- Possess talents and abilities that are needed by the Board to advance the mission of the CAPK Foundation.
- Represent the broad diversity of the organization's constituency.
- Constructively participate in Board deliberations and activities.
- Volunteer for CAPK Foundation events throughout the year.
- Make the Foundation one of your top three charities of choice.
- Participate in friend and fund development for the Foundation.
- Be free of any conflict of interest.
- Uphold the Oath of Confidentiality.
- Offer a personal commitment to support the mission and values of Community Action Partnership of Kern (CAPK) and the CAPK Foundation.

Financial Responsibilities

- Secure monetary donation or contribute \$1000 in dues by the end of each calendar year.
- Financially support special campaign efforts, over and above annual support, as appropriate.

Foundation Board Member Signature

Date



**Community Action Partnership of Kern
BOARD OF DIRECTORS
APPLICATION**

5005 Business Park North, Bakersfield, CA 93309

Phone: (661) 336-5236 ext 1156

Email: canspach@capk.org

| | | | | | |
|----------------------------|--|--|----------------|--|------|
| Contact Information | Name: | | Date of Birth: | | |
| | Business / Organization: | | Title: | | |
| | Home Address: | | City: | | Zip: |
| | Phone: | | Email: | | |
| | Number of Years as a Kern County Resident: | | | | |

| Education | Name & Location of School(s) | Major | Units Completed | Degree / Diploma Earned |
|------------------|---|-------|-----------------|-------------------------|
| | High School: | | | |
| | College: | | | |
| | College | | | |
| | Other | | | |
| | Professional Certificates and/or Licenses Held: | | | |
| | Are you presently taking any educational courses? | | | |

| | | | | | |
|-------------------|---|--|----------|-----|-------|
| Employment | Please list relevant employment experience & qualifications below: | | | | |
| | Company Name: | | Address: | | |
| | Position Held: | | Phone: | To: | From: |
| | Briefly describe duties below: | | | | |
| | | | | | |
| | Company Name: | | Address: | | |
| | Position Held: | | Phone: | To: | From: |
| | Briefly describe duties below: | | | | |
| | | | | | |
| | Company Name: | | Address: | | |
| | Position Held: | | Phone: | To: | From: |
| | Briefly describe duties below: | | | | |
| | | | | | |



MEMORANDUM

To: Board of Directors

Tracy Webster

From: Tracy Webster, Chief Financial Officer

Date: November 29, 2022

Subject: *Agenda Item XX*: CAPK Foundation 2021 Information Returns and Attorney General Report – **Info Item**

Community Action Partnership of Kern (CAPK) Foundation is required to file information returns annually with the Internal Revenue Service and the Franchise Tax Board. The 2021 returns were prepared by Daniells Phillips Vaughn and Bock from data provided by CAPK for the year ending December 31, 2021. The following information returns were submitted electronically by Daniells Phillips Vaughn and Box by the filing deadline date of November 15, 2022:

- 2021 IRS Form 990 – Return of Organization Exempt from Income Tax
- 2021 Form 199 California Exempt Organization Annual Information Return

Annually, CAPK Foundation is required to file the registration renewal fee report to the Attorney General's Registry of Charitable Trusts. The purpose of the report is to assist the Attorney General's Office with early detection of charity fiscal mismanagement and unlawful diversion of charitable assets. Organizations with total gross revenue or assets of \$25,000 or more must also provide a copy of the IRS Form 990 with the renewal report. The report is required to be filed with the Attorney General no later than the date the IRS Form 990 is required to be filed with the IRS. CAPK Foundation met the filing deadline.

For your information, the returns and the Attorney General reports are attached.

Attachments:

*2021 IRS Form 990 – Return of Organization Exempt from Income Tax
2021 Form 199 California Exempt Organization Annual Information Return
Annual Registration Renewal Fee Report to Attorney General of California*

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

- ▶ **File a separate application for each return.**
- ▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION | Taxpayer identification number (TIN) 86-1249865 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 5005 BUSINESS PARK NORTH | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BAKERSFIELD, CA 93309 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

TRACY WEBSTER

- The books are in the care of ▶ **5005 BUSINESS PARK NORTH - BAKERSFIELD, CA 93309**

Telephone No. ▶ **661-336-5236**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JAN 6, 2021**, and ending **DEC 31, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022

Short Form

OMB No. 1545-0047

Form 990-EZ

Return of Organization Exempt From Income Tax

2021

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form, as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JAN 6, 2021 and ending DEC 31, 2021

B Check if applicable: C Name of organization COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION D Employer identification number 86-1249865
E Telephone number 661-336-5236
F Group Exemption Number
G Accounting Method: X Cash
H Check X if the organization is not required to attach Schedule B (Form 990).
I Website: HTTPS://WWW.CAPK.ORG/FOUNDATION/
J Tax-exempt status (check only one) X 501(c)(3)
K Form of organization: X Corporation

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 0.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I X

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2021)

COMMUNITY ACTION PARTNERSHIP OF KERN

Form 990-EZ (2021)

FOUNDATION

86-1249865

Page 2

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | | 22 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 |
| 25 Total assets | 0. | 0. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 0. | 151,129. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 0. | -151,129. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

| | | |
|--|-----|----|
| 28 TO SUPPORT COMMUNITY ACTION PARTNERSHIP OF KERN. | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 0. |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|---|---|--|
| MICHAEL BOWERS | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| NILA HOGAN | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| DON BYNUM | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| CHEI WHITMORE | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| GINA PETTIT | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| CHASE NUNNELEY | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| MEGAN SILVA | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| MICHELE SHAIN | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| FRED PLANE | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| KEVIN BURTON | | | | |
| CHAIR | 1.00 | 0. | 0. | 0. |
| ARIANA JOVEN | | | | |
| VICE CHAIR | 1.00 | 0. | 0. | 0. |

COMMUNITY ACTION PARTNERSHIP OF KERN

Form 990-EZ (2021)

FOUNDATION

86-1249865

Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

| | | Yes | No |
|-----|---|-----|-----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | | X |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| 35b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | N/A | |
| 35c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. |
| 37b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| 38b | If "Yes," complete Schedule L, Part II, and enter the total amount involved | 38b | N/A |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| 39a | a Initiation fees and capital contributions included on line 9 | 39a | N/A |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | 39b | N/A |
| 40a | Section 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. | | |
| 40b | b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 40c | c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0. |
| 40d | d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | 0. |
| 40e | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed ▶ CA | | |
| 42a | The organization's books are in care of ▶ TRACY WEBSTER Telephone no. ▶ 661-336-5236 Located at ▶ 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA ZIP + 4 ▶ 93309 | | |
| 42b | 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | Yes | No |
| 42c | c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 44b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 44c | Did the organization receive any payments for indoor tanning services during the year? | | X |
| 44d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | | |

Form 990-EZ (2021)

132173 12-08-21

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Form 990-EZ (2021)

86-1249865

Page 4

| | | | |
|----|---|-----|----|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | Yes | No |
| | | | X |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | | |
|-----|---|-----|----|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II | Yes | No |
| | | | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? | Yes | No |
| | | | X |
| 49b | | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

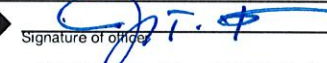
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here  Date 11/14/2022

JEREMY T. TOBIAS, PRESIDENT
Type or print name and title

| | | | | | |
|------------------------|--|---|------|---|------------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | NANCY C. BELTON, CPA | | | | P01234207 |
| | Firm's name DANIELLS PHILLIPS VAUGHAN & BOCK | Firm's address 300 NEW STINE ROAD BAKERSFIELD, CA 93309 | | Firm's EIN 95-2972229 | Phone no. 661-834-7411 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION** Employer identification number **86-1249865**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--------------------------------------|------------|---|---|----|---|---|
| | | | Yes | No | | |
| COMMUNITY ACTION PARTNERSHIP OF KERN | 95-2402760 | 7 | X | | 0. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | 0. | 0. |

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Schedule A (Form 990) 2021

86-1249865 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Schedule A (Form 990) 2021

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Schedule A (Form 990) 2021

86-1249865 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | X | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | X |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | X |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | X |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | X |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | X |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | X |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | X |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | X |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | X |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | X |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | X |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Part IV Supporting Organizations *(continued)*

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | X |
| b A family member of a person described on line 11a above? | | X |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | X |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | X | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | X |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) . | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Schedule A (Form 990) 2021

86-1249865 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | Current Year |

Schedule A (Form 990) 2021

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Schedule A (Form 990) 2021

86-1249865 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 Amounts paid to acquire exempt-use assets | 4 |
| 5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 Total annual distributions. Add lines 1 through 6. | 7 |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

COMMUNITY ACTION PARTNERSHIP OF KERN

Schedule A (Form 990) 2021

FOUNDATION

86-1249865 Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Employer identification number
86-1249865

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|--------------------------------------|----------------|
| OFFICE SUPPLIES | 2,999. |
| SOFTWARE SUPPORT | 6,345. |
| REGISTRATION FEES | 842. |
| HIRING AND BOARD COSTS | 577. |
| MEETINGS | 1,252. |
| OTHER | 13,739. |
| TOTAL TO FORM 990-EZ, LINE 16 | 25,754. |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|-------------|--------------|-------------|
| DUE TO CAPK | 0. | 151,129. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE SPECIFIC PURPOSE OF
THIS CORPORATION IS TO SERVE AS A SUPPORTING ORGANIZATION FOR THE
COMMUNITY ACTION PARTNERSHIP OF KERN ("CAPK") EXCLUSIVELY BY CONDUCTING
FUNDRAISING ACTIVITIES AND DEVELOPING AND
MANAGING A CHARITABLE ENDOWMENT THAT SUPPORTS CAPK AND ANY OTHER LAWFUL
ACTIVITIES THAT BENEFIT CAPK THAT ARE PERMITTED UNDER THE CALIFORNIA
NONPROFIT PUBLIC BENEFIT CORPORATION LAW.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

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

Schedule O (Form 990) 2021

132211 11-11-21

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING
December 31, 2021

| | |
|--|---|
| Prepared for | Community Action Partnership of Kern Foundation 5005 Business Park North Bakersfield, CA 93309 |
| Prepared by | Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309 |
| Amount due or refund | Not applicable |
| Make check payable to | Not applicable |
| Mail tax return and check (if applicable) to | Not applicable |
| Return must be mailed on or before | Not applicable |
| Special Instructions | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022. |

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JAN 6, 2021, and ending DEC 31, 2021

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

| | |
|---|---------------------------------|
| Name of filer COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION | EIN or SSN 86-1249865 |
| Name and title of officer or person subject to tax JEREMY T. TOBIAS PRESIDENT | |

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|--|-----|----|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | 0. |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DANIELLS PHILLIPS VAUGHAN & BOCK to enter my PIN 03406

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

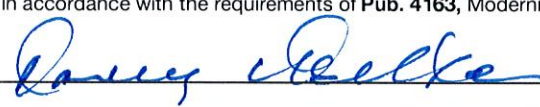
Signature of officer or person subject to tax  Date 11/14/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77601893309
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature  Date 11-14-22

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2021)

2021 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2021

| | |
|---|--|
| Prepared for | Community Action Partnership of Kern Foundation 5005 Business Park North Bakersfield, CA 93309 |
| Prepared by | Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309 |
| To be signed and dated by | Not Applicable |
| Amount of tax | Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$ |
| Overpayment | Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00 |
| Make check payable to | Not applicable |
| Mail tax return and check (if applicable) to | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB. |
| Return must be mailed on or before | Not Applicable |
| Special Instructions | |

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2021

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--|---|
| Exempt Organization name COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION | Identifying number 86-1249865 |
|--|---|

Part I Electronic Return Information (whole dollars only)

| | | |
|---|---|----------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | |
| 2 Total gross income (Form 199, line 8) | 2 | |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 151,129 |

Part II Settle Your Account Electronically for Taxable Year 2021

4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.


Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here  11/14/2022 **PRESIDENT**


Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|------------------|---|----------------------------------|--|--|--------------------------------|
| ERO | ERO's signature  | Date <u>11-18-22</u> | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P01234207 |
| Must Sign | Firm's name (or yours if self-employed) and address DANIELLS PHILLIPS VAUGHAN & BOCK 300 NEW STINE ROAD BAKERSFIELD, CA | Firm's FEIN 95-2972229 | ZIP code 93309 | | |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|----------------------|--|-------------|--|----------------------|
| Paid Preparer | Paid preparer's signature  | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| Must Sign | Firm's name (or yours if self-employed) and address | Firm's FEIN | ZIP code | |

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
December 31, 2021

| | |
|--|---|
| Prepared for | Community Action Partnership of Kern Foundation 5005 Business Park North Bakersfield, CA 93309 |
| Prepared by | Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309 |
| Amount due or refund | Balance due of \$25.00 |
| Make check payable to | Department of Justice |
| Mail tax return and check (if applicable) to | Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 |
| Return must be mailed on or before | Please mail as soon as possible. |
| Special Instructions | The report should be signed and dated by the authorized individual(s). |

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.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 301-306, 309, 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**
Name of Organization

Check if:
 Change of address
 Amended report

List all DBAs and names the organization uses or has used
5005 BUSINESS PARK NORTH
Address (Number and Street)
BAKERSFIELD, CA 93309
City or Town, State, and ZIP Code
661-336-5236
Telephone Number
E-mail Address

State Charity Registration Number **CT0277034**
Corporation or Organization No. **4625342**
Federal Employer ID No. **86-1249865**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/06/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 0 Noncash Contributions \$ 0 Total Assets \$ 0
Program Expenses \$ 0 Total Expenses \$ 151,129

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

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page 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, were any organization funds used to pay any penalty, fine or judgment? | | X |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | | X |
| 5. During this reporting period, did the organization receive any governmental funding? | | X |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? | | X |
| 7. Does the organization conduct a vehicle donation program? | | X |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | | X |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | X |

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


Signature of Authorized Agent

JEREMY T. TOBIAS
Printed Name

PRESIDENT
Title

11/14/2022
Date

STATE OF CALIFORNIA
 CT-TR-1
 (Orig. 09/2017)

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

DEPARTMENT OF JUSTICE
 PAGE 1 of 4
 (For Registry Use Only)

ANNUAL TREASURER'S REPORT
ATTORNEY GENERAL OF CALIFORNIA
 Section 12586, California Government Code
 11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

| | |
|--|--|
| <p>COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION <small>Name of Organization</small></p> <p>5005 BUSINESS PARK NORTH <small>Address (Number and Street)</small></p> <p>BAKERSFIELD, CA 93309 <small>City or Town, State and ZIP Code</small></p> | <p>State Charity Registration Number CT0277034</p> <p>Corporation or Organization No. 4625342</p> <p>Federal Employer I.D. No. 86-1249865</p> |
| <p>For annual accounting period (beginning <u>01/06/2021</u> ending <u>12/31/2021</u>)</p> | |

BALANCE SHEET

ASSETS

| | |
|---------------------|-----------|
| Cash | \$ |
| Savings | \$ |
| Investment | \$ |
| Land/Buildings | \$ |
| Other Assets | \$ |
| TOTAL ASSETS | \$ |

LIABILITIES

| | |
|--------------------------|--------------------|
| Accounts Payable | \$ |
| Salary Payable | \$ |
| Other Liabilities | \$ 151,129. |
| TOTAL LIABILITIES | \$ 151,129. |

FUND BALANCE

| | |
|-------------------------------------|--------------|
| Total Assets less Total Liabilities | \$ -151,129. |
|-------------------------------------|--------------|

REVENUE STATEMENT

REVENUE

| | |
|-----------------------|-----------|
| Cash Contributions | \$ |
| Noncash Contributions | \$ |
| Program Revenue | \$ |
| Investments | \$ |
| Special Events | \$ |
| Other Revenue | \$ |
| TOTAL REVENUE | \$ |


EXPENSES

| | |
|------------------------------------|--------------------|
| Compensation of Officers/Directors | \$ |
| Compensation of Staff | \$ 46,292. |
| Fundraising Expenses | \$ |
| Rent | \$ |
| Utilities | \$ |
| Supplies/Postage | \$ |
| Insurance | \$ |
| Other Expenses | \$ 104,837. |
| TOTAL EXPENSES | \$ 151,129. |

NET REVENUE

| | |
|-----------------------------------|--------------|
| Total Revenue less Total Expenses | \$ -151,129. |
|-----------------------------------|--------------|

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

| | | | |
|---|--|--|--|
|  <small>Signature of Authorized Agent</small> | JEREMY T. TOBIAS <small>Printed Name</small> | PRESIDENT <small>Title</small> | 11/14/2022 <small>Date</small> |
|---|--|--|--|