

COMMUNITY ACTION PARTNERSHIP of KERN
BOARD OF DIRECTORS
BUDGET & FINANCE COMMITTEE MEETING
5005 Business Park North, Bakersfield, CA
August 15, 2018
12:00 p.m.

AGENDA

1. **Call to Order**

2. **Roll Call**

Warren Peterson
Guadalupe Perez

Janea Benton
Ana Vigil

Jimmie Childress

3. **Approval of Agenda**

4. **Public Forum:** *(The public may address the committee 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.)*

5. **New Business**

- a. Application Status Report, Funding Requests and CAPK Outreach & Linkages & Coordinated Entry Services – Ralph Martinez, Director of Community Development – **Action Item (p. 3-8)**
 - 1. County of Kern Community Corrections Partnership for Friendship House Community Center
 - 2. Southern California Gas Environmental Champions Grant Initiative for CAPK Food Bank
 - 3. CAPK Outreach & Linkages & Coordinated Entry Services: Supporting the Homeless, Area Service Providers and Overall Community
- b. Head Start and Early Head Start Budget to Actual Reports – Emily Gonzalez Demont, Assistant Director of Grants Management and Donna Holland, Fiscal Administrator – **Info Item**
 - 1. Kern Head Start Budget to Actual for the Period Ended July 31, 2018 **(p. 9-10)**
 - 2. Kern Early Head Start Budget to Actual for the Period Ended July 31, 2018 **(p. 11-13)**
 - 3. San Joaquin Early Head Start Budget to Actual for the Period Ended July 31, 2018 **(p. 14-16)**
 - 4. Early Head Start Child Care Partnerships Budget to Actual for the Period Ended July 31, 2018 **(p. 17-18)**
- c. Amendment to Procurement Procedures Manual & Accounting and Financial Policies and Procedures Manual – Emilio Wagner, Director of Operations – **Action Item (p. 19-20)**

6. **Chief Financial Officer Report**

- a. Discretionary Fund Update and Awards Banquet Accounting – Info Item **(p. 21)**
- b. Financial Statements, May 2018 – Action Item **(p. 22-91)**

7. **Committee Member Comments**

8. **Next Scheduled Meeting**

Budget & Finance Committee Meeting
Wednesday, September 19, 2018
12:00 p.m.
5005 Business Park North
Bakersfield, California 93309

9. **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, and online at www.capk.org by 12:00pm on August 10, 2018. Paula Daoutis, Administrative Coordinator.

COMMUNITY ACTION PARTNERSHIP OF KERN
FUNDING REQUESTS AND APPLICATION STATUS REPORT
PENDING - June & July 2018

Date Approved	Date of App. Submission	Funding Source	Program/Proposal	Amount Requested
11/29/2017 (Board)	12/4/2017	US Department of Agriculture	CAPK Food Bank Network Capacity Building & Emergency Preparedness Project	\$ 350,000
3/14/18 (PRE)	2/15/2018	US Department of Justice, Office of Violence Against Women	The East Kern Partnership-3yrs	\$ 500,000
5/30/2018	5/1/2018	US Dept. of Justice Office of Justice Programs (DOJ OJP)	FHCC-Kern Partners in Reentry (3 years of Funding)	\$993,682
5/30/2018	5/10/2018	Target Community Engagement	Shafter Youth Center's Yoga Classes	\$2,000
5/30/2018	5/31/2018	US Dept. Of Treasury, Internal Revenue Service	Kern VITA Partnership (2 years of Funding)	\$324,020
6/28/2018	6/29/2017	Blue Shield of California	ART and Relationship Violence for Youth	\$250,000
7/11/2018	6/29/2018	US Department of Health and Human Services	CAPK Teen Pregnancy Prevention Program (2 years of funding)	\$560,970
7/11/2018	7/26/2018	Kern County Behavioral Health	Homeless Engagement and Linkage (HEAL) & Homeless Drop-in Center Project	\$1,484,774
TBD	7/31/2018	Kern County Community Corrections Partnership CCP	FHCC Realignment, Reapplication (3 years of funding)	\$362,305

COMMUNITY ACTION PARTNERSHIP OF KERN
FUNDING REQUESTS AND APPLICATION STATUS REPORT
AWARDED - June & July 2018

Date Approved	Date of Notification	Funding Source	Program/Proposal	Amount Requested	Amount Awarded	Funding Period
5/17/2017 (PRE)	5/22/2017	Target Distribution Center	SYC/ Museum on the Move	\$ 2,500	\$ 2,500	10/1/2017 - 9/30/2018
5/17/2017 (PRE)	5/30/2017	Target Distribution Center	Food Bank/ BackPack Buddies	\$ 2,000	\$ 2,000	8/1/2017 - 6/30/2018
4/12/2017 (PRE)	5/8/2017	Kern Family Health Care	Food Bank/ Senior Food Program	\$ 2,000	\$ 2,000	7/1/2017 - 6/30/2018
5/17/2017 (PRE)	6/7/2017	United Way of Kern County	Food Bank/ Food Procurement & Distribution	\$ 100,000	\$ 94,750	4/1/2017 - 3/31/2018
9/21/2016 (B&F)	6/29/2017	Kern County Network for Children	EKFCRC/ Differential Response Services	\$ 209,094	\$ 209,094	7/1/2017 - 6/30/2018
3/15/2017 (PRE)	7/5/2017	Friends of Mercy Foundation / Sister Phyllis Hughes Endowment for Special Needs	EKFCRC/ Emergency Supplies Closet	\$ 5,000	\$ 3,000	8/1/2017 - 7/31/2018
6/14/2017 (PRE)	7/9/2017	Starbucks Foundation	FHCC/SYC PREP Works	\$ 49,600	\$ 30,000	1/1/2018 - 6/30/2018
6/21/2017 (B&F)	9/7/2017	Bank of the West	VITA/ 2017 Tax Season	\$ 3,500	\$ 3,500	9/1/2017 - 6/30/2018
5/25/2016 (Board)	10/3/2017	U.S. Dept. of Treasury/IRS	VITA/ Kern VITA Partnership - Year 2	\$ 223,315	\$ 84,815	7/1/2017 - 6/30/2018
9/13/2017 (PRE)	10/30/2017	Wells Fargo	FHCC & SYC/ PREP Works Program	\$ 50,000	\$ 25,000	1/1/2018 - 6/30/2018
10/18/17 (B&F)	11/9/2017	CA Department of Social Services, Office of Child Abuse Prevention	EKFCRC/ Financial Empowerment (2-year grant, \$75,000 per year)	\$ 150,000	\$ 150,000	3/01/2018 - 2/29/2020
8/09/2017 (PRE)	11/14/2017	Allstate Foundation Group / Helping Hands	Food Bank/ General Operating Support	\$ 14,000	\$ 14,000	1/01/2018 - 12/31/2018
10/11/17 (PRE)	11/15/2017	Stater Bros. Charities/ Harvesting Hope	Food Bank/ General Operating Support	\$ 5,000	\$ 3,000	1/01/2018 - 12/31/2018
11/08/2017 (PRE)	11/20/2017	Bank of the West	CAPK Small Business Assistance Program (3 years @ \$25,000 per)	\$ 75,000	\$ 75,000	1/01/2018-12/31/2020
9/13/2017 (PRE)	12/11/2017	Dignity Health	EKFCRC East Kern Health Link	\$ 69,926	\$ 24,701	1/01/2018-12/31/2020
09/13/2017 (PRE)	12/15/2017	Wonderful Community Grants	CAPK Food Bank Free Farmers Markets, Wasco	\$ 50,000	\$ 30,000	01/01/2018-12/31/2018
3/21/2018 (PRE)	4/18/2018	Kern Family Health Care	EKFCRC Emergency Closet	\$ 2,000	\$ 2,000	6/1/2018-12/31/2018
3/21/2018 (PRE)	4/18/2018	Kern Family Health Care	FHCC Grow Fit	\$ 2,000	\$ 2,000	6/1/2018-12/31/2018
3/21/2018 (PRE)	4/18/2018	Kern Family Health Care	SYC Yoga and CPR	\$ 2,000	\$ 2,000	6/1/2018-12/31/2018
4/11/18 (PRE)	5/15/2018	Borax Visitors Center Foundation	East Kern Family Resource Center, East Kern Health Link	\$ 2,750	\$ 2,750	6/1/2018-12/31/2018
5/30/2018	6/13/2018	US FEMA, United Way of Kern County	Food Bank Emergency Food-Phase 35	\$125,000	\$ 93,230	1/1/2019-12/31/2019
6/27/2018	6/19/2018	Starbucks Foundation	PREP Works	\$50,000	\$ 30,000	01/01/2019-6/30/2019
				Total Awards	\$ 885,340	

COMMUNITY ACTION PARTNERSHIP OF KERN
FUNDING REQUESTS AND APPLICATION STATUS REPORT
DECLINED -June & July 2018

Date Approved	Date of Notification	Funding Source	Program/Proposal	Amount Requested
8/17/2016 (B&F)	1/31/2017	U.S Dept. of Housing & Urban Development	2-1-1 Kern/ Kern County Homeless Coordinated Entry System	\$ 178,000
10/26/2016 (Board)	2/6/2017	TJX Foundation	Food Bank/ General Support	\$ 5,000
3/22/2017 (B&F)	6/14/2017	Kaiser Permanente Southern Cal. Community Benefits Grant Program	FHCC & SYC/ Summertime Yoga Challenge	\$ 12,600
2/8/2017 (PRE)	No response	Pacific Western Bank	VITA / 2016 Tax Season	\$ 10,000
6/14/2017 (PRE)	No response	Enterprise Rent-A-Car / Feeding America	Food Bank / Operation Software	\$ 25,000
8/09/17 (PRE)	9/1/2017	American Honda Foundation	FHCC & SYC/ Building Youth Capacity in STEM	\$ 75,000
1/11/2017 (PRE)	No response	Walmart Community Grants	VITA/ Wasco	\$ 2,500
1/11/2017 (PRE)	No response	Junior League of Bakersfield	EKFRCC/ Computer Skills Training & Access	\$ 26,000
9/13/2017 (PRE)	10/31/2017	Disney / Feeding America	Food Bank/ Capacity Building	\$ 15,000
9/13/2017 (PRE)	9/15/2017	Heffernan Foundation	FHCC & SYC/ STEM	\$ 19,000
2/15/2017 (B&F)	No response	Bank of America Charitable Foundation	FHCC/ PREP Works for Opportunity Youth	\$ 60,000
	1/31/2018	Strategic Growth Council Transformative Climate Communities	Kern County Disadvantage Communities Study	\$ 250,000
10/25/2017 (Board)	11/6/2017	California Coastal Commission - Whale Tail	FHCC and SYC After School Marine Studies Program	\$ 10,000
1/17/2018 (PRE)	4/11/18	CA Board of State and Community Corrections	The Partnership for Advancement of Youth-2 years funding	\$ 492,850
10/25/17 (Board)	4/18/2018	City of Bakersfield/ Community Development Block Grant	Food Bank/ Expansion & Disaster Preparedness Project	\$ 749,285
10/25/2017 (Board)	4/18/2018	CDBG-County	Food Bank/ Expansion & Disaster Preparedness Project	\$ 749,285
5/16/18 (PRE)	7/2/2018	U.S. Administration for Community Living, Administration for Aging	SYC Happy, Healthy Seniors Program (3 Years)	\$ 150,000

Community Action Partnership of Kern Funding Request Profile

Source of Funds: Public

Project Name: Realignment for Success Program

Funder Name: County of Kern, Community Corrections Partnership

Grant Program Name: Friendship House Community Center

Funding Period: 1/1/2019 – 12/31/2021

CFDA # N/A

Division Director: Ralph Martinez

Program Manager: Lois Hannible

☐

New Funding

☒

Re-Application

A. Narrative description of funding request, including goals:

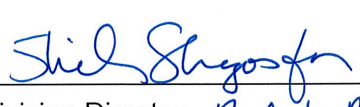
CAPK is re-applying for grant funding of \$362,305 for 3 years, to provide the Realignment for Success program to increase successful reintegration of ex-offenders—newly released AB 109 low-level offenders without current or prior serious or violent offenses—released into the community to complete their sentence requirements under Kern Probation supervision.

The Realignment for Success program will be facilitated by two program educators who will provide transitional services including Aggression Replacement Training (ART) to teach pro-social skills and behaviors; Parenting classes to strengthen family connections; intensive case management focused on employment and housing as well as other barriers to reintegration; and Community Resource Fairs to bring together Community Corrections Partnership providers and other community agencies to engage and link program participants to community services and supports.

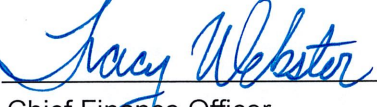
B. Use of Funds:

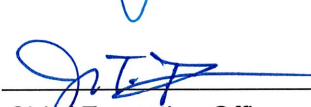
The requested funds of \$362,305 will cover personnel costs for a portion of the FHCC Program Manager's time, one full-time and one half-time Program Educator; one half-time Activity Specialist; program supplies; participant transportation; staff mileage; facilities costs; and fees and incidentals related with gaining employment such as CDL fees and work gear.

C. Approvals:

1.  7/31/18
Division Director Ralph Martinez Date

2.  7/31/18
Director of Community Development Date

3.  7/31/18
Chief Finance Officer Date

4.  7/31/18
Chief Executive Officer Date

D. Board:

☐ Policy Council

Date: _____

☐ PRE Presentation

Date: _____

☐ B&F Approval

Date: _____

☐ Board Approval

Date: _____

Community Action Partnership of Kern Funding Request Profile

Source of Funds: SoCalGas Environmental
Champions Grant Initiative

CFDA # N/A

Project Name: Clean Energy Project

Division Director: Carmen Segovia

Funder Name: SoCalGas Environmental
Champions Grant Initiative

Program Manager: Jaime Orona

Grant Program Name: CAPK Food Bank

☒ **New Funding**

Funding Period: December 2018 – December
2019

☐ **Re-Application**

A. Narrative description of funding request, including goals:

CAPK Food Bank's "Clean Energy Project" will provide high-quality, energy-efficient LED lighting and poles to illuminate building, transport and parking areas of the facility campus. Support will increase efficiency/cost savings, provide visibility and efficiency with transport and access to loading/unloading areas, add security and safety for staff/customers/vendors/ community members and will deter vandalism and theft.

B. Use of Funds:

Seven existing wall packs are to be replaced with LED lighting fixtures and eight LED flood lighting poles will be installed in the outside areas of the Food Bank warehouse. The overall cost will be \$25,000.

C. Approvals:

1. <u>Carm Segovia</u> 8/2/18 Division Director Date	3. <u>Jay Webster</u> 8/2/18 Chief Financial Officer Date
2. <u>Shil Shaps for Ralph Martinez</u> Director of Community Development 8/2/18 Date	4. <u>Jito</u> 8/2/18 Chief Executive Officer Date

D. Board:

☐ Policy Council

☐ PRE Presentation

☐ B&F Approval

☐ Board Approval

Date: _____

Date: _____

Date: _____

Date: _____

COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Board of Directors

From: Ralph Martinez, Director of Community Development

Date: Wednesday, August 15, 2018

Subject: *Agenda Item 5a:* CAPK Outreach & Linkages and Coordinated Entry Services: Supporting the Homeless, Area Service Providers and Overall Community – **Info Item**

Homeless Street Outreach, Engagement & Linkages Project

Community Action Partnership of Kern (CAPK) recently submitted a request for \$1,484,774 for one-year (with an additional three-years of potential funding) from Kern County Behavioral Health & Recovery Services (KernBHRS) to provide outreach, engagement, and linkage to behavioral health services for the homeless in the greater Bakersfield Area, with an anticipated project start of November 2018.

This project will include provision for a Homeless Drop-in Center; a welcoming place of refuge and assistance for the homeless and families, with increase access/outreach to supports and services including behavioral health and substance abuse treatment and coordinated entry into Kern's Homeless Continuum of Care (Coordinated Entry System or CES) for housing services through CAPK's 211 Kern. CAPK is in the process of identifying a facility to serve as the Drop-in Center, with assistance from City and County planning departments.

In addition to linkage to supports and services, the Drop-in Center will include providing the homeless with basic needs such as food, snacks, water, shelter (cloth rolls for resting/sleeping), personal care items/packages and clothing. Showers and laundry services, as well as other services and activities will be added as the project evolves, with the assistance from area service providers, community partners and volunteers towards ending homelessness, improving health and increasing self-sufficiency.

Coordinated Entry System (CES) Program

Through the partnership with the Kern County Homeless Collaborative, Continuum of Care (CoC) members, and the designated Assessment Point service providers, CAPK is proposing to operate the Coordinated Entry System (CES) under two models. Both models will be operated through the existing 2-1-1 Kern Call Center program.

First Model: First Steps Towards a Coordinated Entry System - September 2018. This program is a modified version of the CES program with limited scope. The First Steps Towards a Coordinated Entry System is designed to assist the existing structure of Coordinated Entry and share in the duties and responsibility under a full CES model. This will be a 10-month project (Sept 2018 to June 2019) and primarily funded by KernBHRS, United Way and Housing Authority with the United Way of Kern being the grantor agency. **Second Model:** CAPK will apply for full CES funding under the KCHC CoC Supportive Service Only (SSO) grant in July 2018, with notice of award by July 2019. If awarded, then we will operate the comprehensive version of the CES program as per the KCHC and HUD program requirements and be the lead agency for CES for the County.

COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Budget & Finance Committee



From: Donna Holland, Fiscal Administrator

Subject: *Agenda Item 5b:* Head Start - Kern
Budget to Actual Report for the Period Ended July 31, 2018 – ***Info Item***

Date: August 15, 2018

The following are highlights of the Kern Head Start Budget to Actual Report for the period March 1, 2018 through July 31, 2018. Five months (42%) of the 12-month budget period have elapsed.

Base Funds

Overall expenditures are at 30% of the budget.

Salaries & Fringe Benefits: Most employees assigned to Head Start are on a part-year schedule. There were no salary or payroll tax costs for these employees during the months of June and July.

Equipment: The budget provided for the purchase of a replacement gas convection steamer for the Central Kitchen. The actual cost was less than budgeted.

Supplies: Costs will increase after part-year staff and children return in mid-August.

Other: Renovations are underway at the Shafter and Oasis (Ridgecrest) centers; costs will be recognized once the projects are completed.

Training & Technical Assistance Funds

Overall expenditures are at 87% of the budget.

The Office of Head Start offered increased funding for grants with significantly low percentages of training and technical assistance dollars. For Head Start Kern, the increase is \$103,818. This amount will be reflected in the Budget to Actual report for the period ended August 31.

Carryover

The Office of Head Start approved the carryover of funds from the prior budget period in the amount of \$512,812 for the following projects:

- Replacement food delivery vans (3)
- Replacement program vehicle (1)
- Replacement maintenance utility vehicle (1)
- Replacement convection oven (1)
- Purchase and renovation of a proposed facility at 2600 Wilson Road, Bakersfield

The proposed facility is no longer available for purchase; thus, CAPK submitted a budget revision to utilize \$378,182 for other facility projects. Federal approval is pending.

Non-Federal Share (Head Start and Early Head Start Combined)

Non-Federal share is at 46% of the budget.

Community Action Partnership of Kern

Head Start - Kern

Budget to Actual Report

Budget Period: March 1, 2018 - February 28, 2019

Report Period: March 1, 2018 - July 31, 2018

Month 5 of 12 (42%)

Prepared 08/08/2018

HEAD START

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	10,280,365	2,881,013	7,399,352	28%	72%
FRINGE BENEFITS	3,392,518	1,119,156	2,273,362	33%	67%
TRAVEL	5,000	0	5,000	0%	100%
EQUIPMENT	23,000	16,760	6,240	73%	27%
SUPPLIES	886,988	241,080	645,908	27%	73%
CONTRACTUAL	126,502	45,773	80,729	36%	64%
OTHER	3,744,168	1,227,679	2,516,489	33%	67%
INDIRECT	1,778,867	475,842	1,303,025	27%	73%
TOTAL BASE FUNDING	20,237,408	6,007,304	14,230,104	30%	70%

TRAINING & TECHNICAL ASSISTANCE

TRAVEL	33,946	40,115	(6,169)	118%	-18%
SUPPLIES	10,839	3,248	7,591	30%	70%
CONTRACTUAL	8,944	10,529	(1,585)	118%	-18%
OTHER	78,407	60,866	17,541	78%	22%
INDIRECT	13,214	11,476	1,738	87%	13%
TOTAL TRAINING & TECHNICAL ASSISTANCE	145,350	126,233	19,117	87%	13%

CARRYOVER

EQUIPMENT	134,000	0	134,000	0%	100%
CONSTRUCTION	378,182	0	378,182	0%	100%
INDIRECT	0	0	0		
TOTAL CARRYOVER	512,182	0	512,182		

GRAND TOTAL HS FEDERAL FUNDS	20,894,940	6,133,538	14,761,402	29%	71%
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HEAD START and EARLY HEAD START KERN NON-FEDERAL SHARE

SOURCE	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
CALIF DEPT OF ED	3,804,474	1,396,427	2,408,047	37%	63%
IN-KIND	2,455,136	1,486,060	969,076	61%	39%
TOTAL NON-FEDERAL	6,259,610	2,882,487	3,377,123	46%	54%

Budget reflects Notice of Award #09CH9142-05-02 (adjusted for Child Care Food Subsidy)

Actual expenditures include posted expenditures and estimated adjustments through 07/31/2018.

Administrative Cost for HS and EHS Kern 8.0%

Agency-Wide Credit Card Report

	CURRENT	1 TO 30	31 TO 60	61 TO 90	TOTAL	STATEMENT DATE
Bank of America	11,162				11,162	7/21/2018
Lowe's					0	Not available
Smart & Final	323				323	7/31/2018
Save Mart	2,690				2,690	7/29/2018
Chevron & Texaco Business Card	6,592				6,592	8/5/2018
Home Depot					0	Not available
	20,768	0	0	0	20,767	

COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Budget & Finance Committee



From: Donna Holland, Fiscal Administrator

Subject: *Agenda Item 5b:* Early Head Start – Kern
Budget to Actual Report for the Period Ended July 31, 2018 – Info Item

Date: August 15, 2018

The following are highlights of the Kern Early Head Start Budget to Actual Report for the period March 1, 2018 through July 31, 2018. Five months (42%) of the 12-month budget period have elapsed.

Base Funds

Overall expenditures are at 40% of the budget.

Equipment: The budget provides for the purchase of a replacement program vehicle; procurement of this vehicle is in progress.

Expenditures in all other categories are somewhat low at this point in the budget period. Staff continuously monitor to identify possible savings that may be used elsewhere in the program.

Training & Technical Assistance Funds

Overall expenditures are at 24% of the budget. Training costs are incurred as needed, rather than evenly throughout the year. Significant costs to support in-service and pre-service training are expected to be incurred during the month of August.

Carryover

The Office of Head Start approved the carryover of funds from the prior budget period in the amount of \$57,000 for the following purchases:

- Replacement food delivery van (1)
- Replacement program vehicle (1)

Procurement of these vehicles is in progress.

Community Action Partnership of Kern

Early Head Start - Kern

Budget to Actual Report

Budget Period: March 1, 2018 - February 28, 2019

Report Period: March 1, 2018 - June 30, 2018

Month 5 of 12 (42%)

Prepared 08/08/2018

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	2,221,842	1,036,539	1,185,303	47%	53%
FRINGE BENEFITS	655,042	206,648	448,394	32%	68%
EQUIPMENT	30,000	0	30,000	0%	100%
SUPPLIES	263,896	71,292	192,604	27%	73%
CONTRACTUAL	22,328	7,647	14,681	34%	66%
OTHER	535,893	159,378	376,515	30%	70%
INDIRECT	364,220	147,258	216,962	40%	60%
TOTAL BASE FUNDING	4,093,221	1,628,763	2,464,458	40%	60%
TRAINING & TECHNICAL ASSISTANCE					
TRAVEL	35,330	6,885	28,445	19%	81%
SUPPLIES	4,020	646	3,374	16%	84%
CONTRACTUAL	3,656	1,332	2,324	36%	64%
OTHER	45,179	12,130	33,049	27%	73%
INDIRECT	8,819	2,099	6,720	24%	76%
TOTAL TRAINING & TECHNICAL ASSISTANCE	97,004	23,093	73,911	24%	76%
CARRYOVER					
EQUIPMENT	57,000	0	57,000	0%	100%
INDIRECT	0	0	0		
TOTAL CARRYOVER	57,000	0	57,000	0%	100%
GRAND TOTAL EHS FEDERAL FUNDS	4,247,225	1,651,855	2,595,370	39%	61%

Budget reflects Notice of Award #09CH9142-05-03 (adjusted for Child Care Food Subsidy)

Actual expenditures include posted expenditures and estimated adjustments through 07/31/2018.

Community Action Partnership of Kern
Head Start and Early Head Start
Non-Federal Share and In-Kind Year-to-Date Report
Budget Period: March 1, 2018 through February 28, 2019
Report for period ending July 31, 2018 (Month 5 of 12)

Percent of year elapsed: 42%

LOCATION	FUNDED ENROLL- MENT	March	April	May	June	July	YTD Totals	IN-KIND GOAL	% OF GOAL MET
Alberta Dillard	68	33,692	32,937	21,731	0	0	88,360	70,780	125%
San Diego Street	48	11,831	13,317	14,156	10,607	9,094	59,006	49,962	118%
Shafter	34	15,216	16,512	8,503	0	0	40,230	35,390	114%
East California	70	29,277	35,209	15,896	0	0	80,381	72,862	110%
Pacific	62	16,766	16,247	13,908	11,839	10,873	69,634	64,535	108%
Faith	34	12,847	12,659	7,030	0	0	32,536	35,390	92%
Martha J. Morgan	83	30,873	29,947	16,866	0	0	77,687	86,393	90%
Vineland	20	8,266	7,254	2,213	0	0	17,733	20,818	85%
Fairview	34	13,069	11,103	5,947	0	0	30,118	35,390	85%
Willow	72	22,239	25,426	14,557	0	0	62,222	74,943	83%
Primeros Pasos	76	9,563	21,624	16,661	10,089	6,159	64,095	79,107	81%
Williams	34	10,911	10,920	6,048	0	0	27,879	35,390	79%
Lamont	34	7,478	10,778	7,882	0	0	26,138	35,390	74%
Delano	76	19,655	19,877	16,675	0	0	56,207	79,107	71%
Harvey L. Hall	138	21,720	29,503	22,725	15,148	9,408	98,504	143,642	69%
Shafter HS/EHS	36	4,713	6,144	4,731	5,032	4,275	24,897	37,472	66%
Noble	34	9,452	10,102	3,947	0	0	23,500	35,390	66%
Heritage	34	7,911	10,768	4,730	0	0	23,409	35,390	66%
Pete H. Parra	112	19,356	23,534	21,390	9,188	2,677	76,145	116,579	65%
Fairfax	40	6,009	9,054	11,731	0	0	26,793	41,635	64%
Sterling	122	19,096	23,747	18,601	8,400	8,587	78,431	126,987	62%
Franklin	24	3,513	6,447	4,266	0	0	14,226	24,981	57%
Oasis	57	13,411	12,306	6,813	0	0	32,529	59,330	55%
Rosamond	100	19,580	22,748	13,481	0	0	55,810	104,088	54%
Home Base	225	17,049	17,202	14,906	7,877	3,501	60,535	117,099	52%
Pioneer	34	6,475	7,451	4,283	0	0	18,209	35,390	51%
Cleo Foran	34	5,926	8,272	3,789	0	0	17,987	35,390	51%
Tehachapi	34	6,832	6,982	3,413	0	0	17,227	35,390	49%
McFarland	24	4,784	3,808	2,560	0	0	11,153	24,981	45%
Lost Hills	20	2,937	3,716	2,597	0	0	9,250	20,818	44%
Oildale	34	5,905	5,413	3,750	0	0	15,068	35,390	43%
Planz	34	5,440	5,916	3,617	0	0	14,973	35,390	42%
Seibert	34	6,818	4,353	2,998	0	0	14,170	35,390	40%
California City	34	6,563	6,858	0	0	0	13,421	35,390	38%
Casa Loma	34	4,741	5,183	1,355	0	0	11,279	35,390	32%
Virginia	34	5,596	5,282	0	0	0	10,878	35,390	31%
Alicante	34	4,692	4,248	1,912	0	0	10,852	35,390	31%
Wesley	60	6,389	8,795	3,719	0	0	18,903	62,453	30%
Mojave	34	4,209	4,167	2,109	0	0	10,484	35,390	30%
Roosevelt	34	2,820	4,408	1,913	0	0	9,142	35,390	26%
Sunrise Villa	34	4,377	2,811	1,945	0	0	9,133	35,390	26%
Rafer Johnson	34	3,563	3,419	0	0	0	6,981	35,390	20%
Taft	78	6,592	6,061	1,103	0	0	13,756	81,189	17%
Broadway	44	0	0	0	0	0	0	45,799	0%
Administrative Services		0	0	0	0	0	0	0	NA
Program Services		920	1,867	0	0	0	2,787	67,661	4%
Policy Council and RPC		1,239	1,542	108	515	0	3,404	38,727	9%
SUBTOTAL IN-KIND	2,369	480,311	535,913	336,566	78,696	54,574	1,486,060	2,455,136	61%
State General Child Care*		156,851	158,335	88,070	0	124,100	527,356	1,293,059	41%
State Preschool*		252,099	284,045	170,865	0	88,389	795,399	2,302,208	35%
State Migrant Child Care*		27,786	29,131	3,478	0	13,277	73,672	209,207	35%
SUBTOTAL CA DEPT of ED		436,736	471,511	262,413	0	225,767	1,396,427	3,804,474	37%
GRAND TOTAL		917,047	1,007,424	598,979	78,696	280,341	2,882,487	6,259,610	46%

*May include estimates

COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Budget & Finance Committee



From: Donna Holland, Fiscal Administrator

Subject: *Agenda Item 5b:* Early Head Start – San Joaquin
Budget to Actual Report for the Period Ended July 31, 2018 – Info Item

Date: August 15, 2018

The following are highlights of the San Joaquin Early Head Start Budget to Actual Report for the period February 1, 2018 through July 31, 2018. Six months (50%) of the 12-month budget period have elapsed.

Base Funds

Overall expenditures are at 45% of the budget.

Travel costs are high compared to the period elapsed. During the month of May, several Kern staff traveled to San Joaquin to provide technical support and conduct a “mock” review in preparation for the Office of Head Start Focus Area Two Monitoring event, which took place May 14-18. No travel costs were incurred during the month of June; however, travel costs for monthly support will continue through the end of the budget period.

The **Equipment** budget provides for two replacement vehicles, which have not yet been purchased.

Expenditures in the **Supplies** category are high compared to the period elapsed. Costs in this category occur as needed, rather than evenly throughout the year.

Expenditures in the **Contractual** category appear high, as the annual costs of software support for data collection and tracking (Child Plus and Learning Genie) computer applications were expensed to the month of March.

Training & Technical Assistance Funds

Overall expenditures are at 53% of the budget.

Travel costs are high compared to the period elapsed. Costs in this category occur as needed, rather than evenly throughout the year.

Personnel & Fringe Benefits costs are for the services of an on-staff Mentor Coach, originally budgeted under the Other category.

Non-Federal Share

Non-Federal share is at 32% of the budget.

**Community Action Partnership of Kern
Early Head Start - San Joaquin County
Budget to Actual Report**

Budget Period: February 1, 2018 - January 31, 2019

Report Period: February 1, 2018 - July 31, 2018

Month 6 of 12 (50%)

Prepared 08/08/2018

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	3,017,825	1,281,210	1,736,615	42%	58%
FRINGE BENEFITS	796,118	392,500	403,618	49%	51%
TRAVEL	20,232	15,448	4,784	76%	24%
EQUIPMENT	47,500	0	47,500	0%	100%
SUPPLIES	129,535	76,267	53,268	59%	41%
CONTRACTUAL	11,923	8,377	3,546	70%	30%
OTHER	589,673	281,201	308,472	48%	52%
INDIRECT	433,501	201,746	231,755	47%	53%
TOTAL	5,046,307	2,256,749	2,789,558	45%	55%

TRAINING & TECHNICAL ASSISTANCE FUNDS

PERSONNEL	0	4,532	(4,532)		
FRINGE BENEFITS	0	2,376	(2,376)		
TRAVEL	9,959	8,386	1,573	84%	16%
SUPPLIES	7,961	5,629	2,332	71%	29%
CONTRACTUAL	3,500	0	3,500	0%	100%
OTHER	53,033	18,357	34,676	35%	65%
INDIRECT	7,444	3,928	3,516	53%	47%
TOTAL	81,897	43,207	38,690	53%	47%

GRAND TOTAL EHS FEDERAL FUNDS	5,128,204	2,299,957	2,828,247	45%	55%
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NON-FEDERAL SHARE	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
IN-KIND	1,282,051	404,629	877,422	32%	68%
TOTAL NON-FEDERAL FUNDS	1,282,051	404,629	877,422	32%	68%

Centralized Administrative Cost	7.6%
Program Administrative Cost	2.7%
Total Administrative Cost	10.3%

Budget reflects Notice of Award #09CH010071-04-02

Actual expenditures include posted expenditures and estimated adjustments through 7/31/2018

Community Action Partnership of Kern
San Joaquin Early Head Start
Non-Federal Share and In-Kind Year-to-Date Report
Budget Period: February 1, 2018 through January 31, 2019
Report for period ending July 31, 2018 (Month 6 of 12)

Percent of year elapsed: **50%**

LOCATION	FUNDED ENROLL- MENT	Feb	March	April	May	June	July	YTD Totals	IN-KIND GOAL	% OF GOAL MET
Home Base - Tracy	12	1,484	2,342	1,064	1,059	0	0	5,948	31,635	19%
Marci Massei	24	3,176	5,938	5,703	6,064	2,917	0	23,798	126,539	19%
Kennedy	16	1,791	5,701	5,717	4,418	441	0	18,068	84,359	21%
Chrisman	30	7,252	12,783	13,077	8,234	0	0	41,346	158,174	26%
Walnut	24	4,138	8,093	8,225	10,273	4,908	0	35,637	126,539	28%
California Street	24	5,705	9,601	8,203	9,043	3,447	0	35,998	126,539	28%
St. Mary's	16	3,507	5,683	5,348	6,174	3,597	0	24,309	84,359	29%
Home Base - Stockton	90	13,682	25,071	21,954	15,585	5,315	0	81,607	237,260	34%
Lodi UCC	30	12,131	13,605	10,882	13,879	8,383	0	58,880	158,174	37%
Home Base - Manteca	12	3,628	4,255	2,413	2,207	0	0	12,504	31,635	40%
Home Base - Lodi	35	5,551	10,440	10,444	9,950	4,837	0	41,221	92,268	45%
Administrative Services		0	0	0	0	0	0	0	0	
Program Services		2,299	3,721	7,518	8,018	3,318	0	24,874	21,858	114%
Policy Council		342	97	0	0	0	0	439	2,713	16%
SUBTOTAL IN-KIND	313	64,685	107,331	100,547	94,902	37,163	0	404,629	1,282,051	32%

COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Budget & Finance Committee



From: Donna Holland, Fiscal Administrator

Subject: *Agenda Item 5b:* Early Head Start Child Care Partnerships
Budget to Actual Report for the Period Ended July 31, 2018 – Info Item

Date: August 15, 2018

The following are highlights of the Early Head Start Child Care Partnerships Budget to Actual Report for the period September 1, 2017 through July 31, 2018. Eleven months (92%) of the 12-month budget period have elapsed.

Base Funds

Overall expenditures are at 91% of the budget.

In the **Supplies** category, \$12,883 in Carryover Funds were obligated in the prior budget period, but the supplies were received after August 31, 2017. At that time the carry over funds had not yet been approved; thus, the costs were recognized in the base grant.

In the **Other** category, costs of occupancy are lower than budgeted at this point in the budget period;

Expenditures in all other categories are on track at this point in the budget period.

Carryover Funds

Unexpended funds from the prior budget period were carried over to complete facility projects at the Garden Pathways and Bakersfield College locations. Costs for these projects will be liquidated prior to the end of the budget period.

Training & Technical Assistance (T&TA)

Overall expenditures are at 92% of the budget. Staff expect to fully expend these funds.

Non-Federal Share

Non-Federal share is at 93% of the budget. At the time this report was prepared, the non-federal documentation for July had not yet been received.

**Community Action Partnership of Kern
Early Head Start - Child Care Partnerships
Budget to Actual Report**

Budget Period: September 1, 2017 - August 31, 2018

Report Period: September 1, 2017 - July 31, 2018

Month 11 of 12 (92%)

Prepared 08/08/2018

BASE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
PERSONNEL	120,354	106,447	13,907	88%	12%
FRINGE BENEFITS	32,245	28,720	3,525	89%	11%
SUPPLIES	1,000	14,145	(13,145)	1415%	-1315%
CONTRACTUAL	461,870	413,486	48,384	90%	10%
OTHER	12,662	9,118	3,544	72%	28%
INDIRECT	62,806	57,163	5,643	91%	9%
TOTAL BASE	690,937	629,079	61,858	91%	9%

CARRYOVER FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
EQUIPMENT	60,310	48,500	11,810	80%	20%
SUPPLIES	29,226	9,657	19,569	33%	67%
OTHER	73,353	94,898	(21,545)	129%	-29%
INDIRECT	10,258	10,456	(198)	102%	-2%
TOTAL CARRYOVER	173,147	163,511	9,636	94%	6%

TRAINING & TECHNICAL ASSISTANCE FUNDS	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
TRAVEL	5,294	3,999	1,295	76%	24%
SUPPLIES	3,506	3,454	52	99%	1%
OTHER	10,465	10,245	220	98%	2%
INDIRECT	1,926	1,770	156	92%	8%
TOTAL TRAINING & TECHNICAL ASSISTANCE	21,191	19,468	1,723	92%	8%

GRAND TOTAL FEDERAL FUNDS	885,275	812,057	73,218	92%	8%
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NON-FEDERAL SHARE	BUDGET	ACTUAL	REMAINING	% SPENT	% REMAINING
IN-KIND	221,319	205,967	15,352	93%	7%
TOTAL NON-FEDERAL FUNDS	221,319	205,967	15,352	93%	7%

Centralized Administrative Cost	6.8%
Program Administrative Cost	1.2%
Total Administrative Cost	8.1%

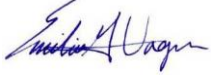
Budget reflects Notice of Award #09HP0036-03-01.

Actual expenditures include posted expenditures and estimated adjustments through 7/31/2018.

COMMUNITY ACTION PARTNERSHIP OF KERN

MEMORANDUM

To: Budget and Finance Committee



From: Emilio G. Wagner, Director of Operations

Date: August 15, 2018

Subject: *Agenda Item 5c:* Amendment to Procurement Procedures Manual and Accounting and Financial Policies and Procedures Manual – **Action Item**

On June 20, 2018, the Office of Management and Budget issued a memo implementing an increase in the procurement micro-purchase threshold under Federal financial assistance awards from \$3,500 to \$10,000.00, and the threshold for simplified acquisitions from \$150,000 to \$250,000.

Pursuant to this memorandum, to align with the changes set forth by the OMB, our Procurement Procedure Manual and the Accounting and Financial Policies and Procedures Manual will be amended to adopt these changes as part of our procurement process. In addition, staff seek approval to adjust expenditure limits as outlined in the attachment to better align with the adjusted purchasing thresholds.

As a result of the notification from OMB, Operations staff reviewed the existing purchasing thresholds and identified the attached proposed adjustments to gain efficacies in the purchasing process. The proposed adjustments were presented to Division Directors and the Chief Financial Officer for discussion and comments. After a unanimous approval, the adjustments were presented to the Chief Executive Officer for approval to submit to the Budget and Finance Committee.

Recommendation

Staff requests that the Committee approve the amendment to the Procurement Procedures Manual and the Accounting and Financial Policies and Procedures Manual to align with the new OMB regulations with an effective date of September 1, 2018.

Attachment:

Summary of Proposed Procurement Procedures

**Community Action Partnership of Kern
Summary of Proposed Procurement Procedures
Approval Authority and Documentation Requirements**

Attachment

PROPOSED CAPK Procedures/Thresholds				
Existing Thresholds	Proposed Thresholds	Type of Purchase	Required Approvals	Required Solicitation
Up to \$3,499.99 (or \$2,000 if subject to Davis-Bacon)	Up to \$9,999.99 (or \$2,000 if subject to Davis-Bacon)	Micro-Purchase	Manager or higher	Only one quote/price required
\$3,500-\$9,999.99	\$10,000-\$99,999.99	Small Purchase Threshold	Manager or higher	At least two informal quotes required
\$10,000.00-\$149,999.99	\$100,000.00-\$249,999.99	Small Purchase Threshold	Division Director (≤ \$100,000); or Chief Financial Officer (≤ \$125,000); or Chief Executive Officer (≤ \$250,000); or Board of Directors (> \$250,000)	3 written quotes (catalogue, Internet, fax, written quotes)
\$150,000.00 and above	\$250,000.00 and above	Requests for Proposals	Chief Executive Officer (≤ \$250,000); or Board of Directors (> \$250,000)	3 written bids (Request for Proposals)
Construction/Major renovations over \$150,000.00	Construction/Major renovations over \$250,000.00	Sealed Bids	Chief Executive Officer <u>AND</u> Board of Directors	3 written bids (Request for Bids or Request for Proposals)
				1. Copy of Request For Bids or Request For Proposals 2. Proposal scoring grids including who participated in the scoring 3. Proposal and contract of winning bid 4. How decision was made if lowest price not used
				1. Copy of Request For Bids or Request For Proposals 2. Proposal scoring grids including who participated in the scoring 3. Proposal and contract of winning bidder 4. How decision was made if lowest price not used

Expenditure Limits

Managers	<u>Existing</u>	<u>Proposed</u>
Administrators	Up to \$15,000	Up to \$15,000
Division Directors	Up to \$25,000	Up to \$25,000
Chief Financial Officer	Up to \$75,000	Up to \$100,000
Chief Executive Officer	Up to \$100,000	Up to \$125,000
Board of Directors	Up to \$200,000	Up to \$250,000
	Over \$200,000	Over \$250,000

Additional Board Approval Requirements (Effective 1/1/2014)

Any single item or aggregate procurement over \$250,000, including estimated purchases from preferred vendors;
 - In the event that procurement was initiated under the \$250,000 limit and later amendments to the contract would exceed this limit, additional amendments must receive Board approval;

Procurement of all auditing, legal or professional services that are Agency-wide in nature;
 Construction contracts and/or major renovations over \$250,000 require Board approval;

NOTE - If a Program or Grant has stricter limits than those set by the Agency, the Program's/Grant's guidelines must be followed.

**COMMUNITY ACTION PARTNERSHIP OF KERN
DISCRETIONARY AND FUND RAISING FUNDS
FOR THE MONTH ENDED JULY 31, 2018**

	03/01/18- 06/30/18	07/01/18- 07/31/18	TOTAL	
BEGINNING BALANCE (NOTE 1)	\$ 477,745.74	\$ -	\$ 477,745.74	
CASH RECEIPTS				
2018 Awards Banquet Donations	69,474.47	2,500.00	71,974.47	a
Donations	554.80	458.50	1,013.30	
Misc. Revenue	889.81	-	889.81	
Interest Income/Union Administrative Fee	201.22	-	201.22	
TOTAL CASH RECEIPTS	71,120.30	2,958.50	74,078.80	
CASH DISBURSEMENTS				
Line of Credit Interest Expense	90.26	-	90.26	
Line of Credit Unused Commitment Fee	959.72	-	959.72	b
2018 Awards Banquet Expenses	21,688.09	-	21,688.09	a
Volunteer Appreciation	2,716.77	-	2,716.77	c
Fundraising Expenses	3,244.00	-	3,244.00	
Miscellaneous Expenses	664.09	658.42	1,322.51	
Indirect	2,876.07	-	2,876.07	
TOTAL CASH DISBURSEMENTS	32,239.00	658.42	32,897.42	
CASH PROVIDED (USED)	38,881.30	2,300.08	41,181.38	
ENDING BALANCE	\$ 516,627.04		\$ 518,927.12	
		Discretionary Cash	\$ 217,202.90	
		Fund Raising Cash	301,793.22	
			518,996.12	
		Add: Prepaid	-	
		Less: AP	(69.00)	
			\$ 518,927.12	

NOTES

1. For the year ended 2/28/18, the net increase to the Discretionary/Fund Raising Funds was \$56,234.33.
- a. As of 7/31/18, net 2018 awards banquet gain is \$55,039.85 (FYE 2/28/18 = \$4,753.47 + \$50,286.38 for 2018/19).
- b. Commitment fee for the period 12/31/17 to 7/31/18 that the \$2 million line of credit was not used.
The fee is equal to one-quarter percent (0.25%) per annum based on a 360 day year.
- c. Annual appreciation expense for the VITA volunteers.

Date Prepared: 8/1/18

COMMUNITY ACTION PARTNERSHIP OF KERN

BUDGET AND FINANCE COMMITTEE

FINANCIAL REPORT

AUGUST 2018

COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET AND FINANCE COMMITTEE

AUGUST 15, 2018

FINANCIAL REPORT

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**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2018 THROUGH FEBRUARY 28, 2019**

PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND#	FUNDING SOURCE
<u>UNRESTRICTED</u>						
GENERAL FUND			NOT APPLICABLE	03/01/18 - 02/28/19	501	NOT APPLICABLE
DISCRETIONARY FUND			NOT APPLICABLE	03/01/18 - 02/28/19	502	NOT APPLICABLE
FOOD BANK			NOT APPLICABLE	03/01/18 - 02/28/19	504	SHARED MAINTENANCE, MEMBERSHIP FEES, DONATIONS, ETC.
ENERGY			NOT APPLICABLE	03/01/18 - 02/28/19	524	NOT APPLICABLE
SHAFTER YOUTH CENTER			NOT APPLICABLE	03/01/18 - 02/28/19	527	DONATIONS, RENTAL INCOME
FRIENDSHIP HOUSE			NOT APPLICABLE	03/01/18 - 02/28/19	531	DONATIONS, RENTAL INCOME
211			NOT APPLICABLE	03/01/18 - 02/28/19	536	FEE FOR SERVICE
FUND RAISING			NOT APPLICABLE	03/01/18 - 02/28/19	595	DONATIONS
<u>RESTRICTED</u>						
EARLY HEAD START/HEAD START	12,234,628	93.600	09CH9142 - 05 - 00	03/01/18 - 02/28/19	108/109	U S DEPT OF HEALTH & HUMAN SERVICES
EARLY HEAD START CHILD CARE PARTNERSHIP	885,275	93.600	09HP0036 - 03	09/01/17 - 08/31/18	110	U S DEPT OF HEALTH & HUMAN SERVICES
EARLY HEAD START SAN JOAQUIN	2,564,103	93.600	09CHO10071 - 04	02/01/18 - 01/31/19	117	U S DEPT OF HEALTH & HUMAN SERVICES
VITA	169,630	21.009	17VITA0187	08/01/16 - 07/31/18	149	U S DEPT OF THE TREASURY - INTERNAL REVENUE SERVICE
CSBG (COMMUNITY SERVICES BLOCK GRANT)	1,469,183	93.569	18F - 5015	01/01/18 - 12/31/18	103	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF COMMUNITY SERVICES AND DEVELOPMENT
LIHEAP (LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM)	4,327,137 3,665,139 3,721,750	93.568	16B - 4012 17B - 3012 18B - 4012	01/01/16 - 03/31/18 10/01/16 - 12/31/18 10/01/17 - 12/31/18	122-36 122-37 122-38	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF COMMUNITY SERVICES AND DEVELOPMENT
GENERAL CENTER CHILD CARE	274,183	93.575	CCTR - 7050	07/01/17 - 06/30/18	253	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF EDUCATION
GENERAL CENTER CHILD CARE	596,490	93.596	CCTR - 7050	07/01/17 - 06/30/18	253	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF EDUCATION
MIGRANT ALTERNATIVE PAYMENT	5,411,000	93.575	CMAP - 7000	07/01/17 - 06/30/18	261	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF EDUCATION
CALIFORNIA STATE PRESCHOOL PROGRAM	188,396	93.575	CSPP - 7119	07/01/17 - 06/30/18	258	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF EDUCATION
CALIFORNIA STATE PRESCHOOL PROGRAM	366,642	93.596	CSPP - 7119	07/01/17 - 06/30/18	258	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF EDUCATION

**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2018 THROUGH FEBRUARY 28, 2019**

<u>RESTRICTED cont'd.</u>	PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND #	FUNDING SOURCE
ECONOMIC EMPOWERMENT		150,000	93.590	EE - KERN - 17 - 20	PENDING - 02/29/20	171	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES, OFFICE OF CHILD ABUSE PREVENTION
211 HOSPITAL PREPAREDNESS PROGRAM - EMERGENCY RESPONSE & SURGE CAPACITY		10,000	93.074	659 - 2017	10/24/17 - 02/28/19	186	U S DEPT OF HEALTH & HUMAN SERVICES - STATE OF CALIFORNIA, DEPT OF HEALTH SERVICES, COUNTY OF KERN, DEPT OF PUBLIC HEALTH
EFAP (EMERGENCY FOOD ASSISTANCE PROGRAM)		92,096	10.568/ 569	15 - MOU - 00118	10/01/17 - 09/30/18	105/111	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
CSFP (COMMODITY SUPPLEMENTAL FOOD PROGRAM)		283,449	10.565	16 - 6017	10/01/17 - 09/30/18	147	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) - KERN & SAN JOAQUIN		BASED ON MEALS SERVED	10.558	15 - 1248 - OJ	10/01/17 - 09/30/18	112/139	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF EDUCATION
WIC (WOMEN, INFANTS & CHILDREN)		4,121,940	10.557	15 - 10064	10/01/17 - 09/30/18	115	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF PUBLIC HEALTH
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AKA CALFRESH PROGRAM		15,999	10.561	16 - SUB - 00876	10/01/17 - 09/30/18	164	U S DEPT OF AGRICULTURE - STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES, INFO LINE OF SAN DIEGO dba 211 SAN DIEGO
HUD CONTINUUM OF CARE PLANNING GRANT		12,000	14.267	N/A	03/01/18 - 06/30/18	428	U S DEPT OF HOUSING & URBAN DEVELOPMENT - CITY OF BAKERSFIELD UNITED WAY OF KERN COUNTY
QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) - SAN JOAQUIN		14,000	84.412	N/A	07/01/17 - 06/30/18	117-005	U.S. DEPT OF EDUCATION - STATE OF CALIFORNIA, DEPT OF EDUCATION - FIRST 5 CALIFORNIA, COUNTY OF SAN JOAQUIN, FIRST 5 SAN JOAQUIN, RACE TO THE TOP
CCTR QRIS BLOCK GRANT		22,200		N/A	07/01/17 - 06/30/18	253-005	STATE OF CALIFORNIA, DEPT OF EDUCATION - KERN COUNTY SUPERINTENDENT OF SCHOOLS, KERN EARLY STARS
CSPP QRIS BLOCK GRANT		23,400		N/A	07/01/17 - 06/30/18	258-005	STATE OF CALIFORNIA, DEPT OF EDUCATION - KERN COUNTY SUPERINTENDENT OF SCHOOLS, KERN EARLY STARS
LIWP SOLAR PV PILOT		BASED ON WATTS INSTALLED		N/A	07/01/16 - 06/30/18	241	STATE OF CALIFORNIA - DEPT OF COMMUNITY SERVICES AND DEVELOPMENT, FRESNO ECONOMIC OPPORTUNITY COMMISSION
LIWP SINGLE FAMILY		501,468		PC06436	08/16/17 - 06/30/18	245	STATE OF CALIFORNIA - DEPT OF COMMUNITY SERVICES AND DEVELOPMENT, COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY, RICHARD HEATH & ASSOCIATES, INC.
MIGRANT ALTERNATIVE PAYMENT		1,658,866		CMAP - 7000	07/01/17 - 06/30/18	261	STATE OF CALIFORNIA, DEPT OF EDUCATION
GENERAL CENTER CHILD CARE		1,458,400		CCTR - 7050	07/01/17 - 06/30/18	253	STATE OF CALIFORNIA, DEPT OF EDUCATION
CALIFORNIA STATE PRESCHOOL PROGRAM		2,596,232		CSPP - 7119	07/01/17 - 06/30/18	258	STATE OF CALIFORNIA, DEPT OF EDUCATION
MIGRANT CHILD CARE		236,499		CMIG - 7004	07/01/17 - 06/30/18	250	STATE OF CALIFORNIA, DEPT OF EDUCATION
MIGRANT SPECIALIZED SERVICES		35,172		CMSS - 7004	07/01/17 - 06/30/18	252	STATE OF CALIFORNIA, DEPT OF EDUCATION
INFORMATION & EDUCATION		80,000 80,000		16 - 10206	07/01/17 - 06/30/18 07/01/18 - 06/30/19	120	STATE OF CALIFORNIA, DEPT OF PUBLIC HEALTH

**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2018 THROUGH FEBRUARY 28, 2019**

RESTRICTED cont'd.	PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND #	FUNDING SOURCE
TAX CHECK - OFF (FOOD BANK)		9,784		15 MOU - 00118	07/01/17 - 06/30/18	216-000	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
STATE EMERGENCY FOOD ASSISTANCE (FOOD BANK)		242,296		N/A	07/01/17 - 06/30/18	216-087	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES
DIFFERENTIAL RESPONSE SERVICES		209,094		N/A	07/01/17 - 06/30/18	280	STATE OF CALIFORNIA, DEPT OF SOCIAL SERVICES, COUNTY OF KERN, SUPERINTENDENT OF SCHOOLS, CHILD AND FAMILY SERVICES AGENCY, NETWORK FOR CHILDREN
FIRST 5 KERN - HELPLINE 211		90,660		2015.2.5	07/01/17 - 06/30/18	288	STATE OF CALIFORNIA, FIRST 5 CALIFORNIA, COUNTY OF KERN, FIRST 5 KERN
FIRST 5 KERN EAST KERN FAMILY RESOURCE CENTER		134,418		2015.2.6	07/01/17 - 06/30/18	281	STATE OF CALIFORNIA, FIRST 5 CALIFORNIA, COUNTY OF KERN, FIRST 5 KERN
FIRST 5 KERN - HELP ME GROW		50,921		2017.2.01	07/01/17 - 06/30/18	284	STATE OF CALIFORNIA, FIRST 5 CALIFORNIA, COUNTY OF KERN, FIRST 5 KERN
REALIGNMENT FOR SUCCESS		138,906		236 - 2017	06/01/17 - 12/31/18	246	STATE OF CALIFORNIA, DEPT OF CORRECTIONS AND REHABILITATION, COUNTY OF KERN, COMMUNITY CORRECTIONS PARTNERSHIP
COUNTY OF KERN HELPLINE 211		44,738		105 - 2018	07/01/17 - 06/30/18	389	COUNTY OF KERN
GANG PREVENTION EDUCATION SERVICES		71,406		230 - 2017	07/01/17 - 06/30/18	335	COUNTY OF KERN, DEPT OF HUMAN SERVICES
READY KERN		1,098		N/A	06/28/17 - 06/30/18	366	COUNTY OF KERN, FIRE DEPT - OFFICE OF EMERGENCY SERVICES
211 KINGS COUNTY		42,000		N/A	07/01/15 - 06/30/18	536-231	KINGS UNITED WAY
211 TULARE COUNTY		162,000		N/A	07/01/15 - 06/30/18	536-232	UNITED WAY OF TULARE COUNTY
211 MERCED COUNTY		27,400		N/A	10/22/15 - PENDING	536-233	UNITED WAY OF MERCED COUNTY
211 STANISLAUS COUNTY		60,000		N/A	07/01/17 - 06/30/18	536-234	UNITED WAY OF STANISLAUS COUNTY
PENDING		22,716		20121633	03/01/18 - 02/28/19	407-000	THE CALIFORNIA ENDOWMENT
FOOD BANK SOLAR		5,000		N/A	03/01/18 - 02/28/19	485	SOUTHERN CALIFORNIA GAS COMPANY
HUMAN RESOURCES		25,000		N/A	01/01/16 - 12/31/18	501-006	BLUE SHIELD
PREP WORKS - YOUTH CENTERS		30,000		N/A	08/01/17 - 07/31/18	444	STARBUCKS
PREP WORKS PROGRAM		25,000		N/A	07/01/17 - 06/30/18	448	WELLS FARGO FOUNDATION

**COMMUNITY ACTION PARTNERSHIP OF KERN
SCHEDULE OF PROGRAMS (FUNDS)
FOR THE PERIOD MARCH 1, 2018 THROUGH FEBRUARY 28, 2019**

RESTRICTED cont'd.	PROGRAM (COMPONENT)	AMOUNT	CFDA #	GRANT NUMBER	PROGRAM YEAR	FUND #	FUNDING SOURCE
	EAST KERN EMERGENCY CLOSET	3,000		N/A	07/01/17 - 06/30/18	501-005	FRIENDS OF MERCY FOUNDATION, SISTER PHYLLIS HUGHES ENDOWMENT FOR SPECIAL NEEDS
	EAST KERN HEALTH LINK	24,701		N/A	01/01/18 - 02/28/19	454	DIGNITY HEALTH
	FOOD BANK FREE FARMERS MARKET - WASCO	30,000		N/A	01/01/18 - 12/31/18	467	THE WONDERFUL COMPANY FOUNDATION
	CENTRAL VALLEY SMALL BUSINESS DEVELOPMENT INITIATIVE	25,000		N/A	01/01/18 - 12/31/18	456	BANK OF THE WEST

COMMUNITY ACTION PARTNERSHIP OF KERN
FUNCTIONAL CLASSIFICATIONS BY FUND
FISCAL YEAR 2018/19

Abila Fund #	Fund Name	PROGRAM SERVICES				SUPPORT SERVICES	
		Education	Nutrition	Energy Conservation	Community Services	Discretionary/ Fund Raising	General & Admin
103	Community Services Block Grant (CSBG)	X	X		X		X
501	General Fund				X		X
800	GAAP Fund						X
910	Community Development Pool				X		
915	Operations Pool			X	X		X
920	Facilities Pool						X
925	Health & Nutrition Pool	X	X		X		
999	Indirect Fund						X
502	Discretionary Fund					X	
595	Fund Raising					X	
108	Early Head Start	X					
109	Head Start	X					
110	Early Head Start Child Care Partnership	X					
117	Early Head Start San Joaquin	X					
117-005	EHS San Joaquin QRIS	X					
250	Migrant Child Care	X					
252	Migrant Specialized	X					
253	General Child Care	X					
253-005	CCTR - QRIS	X					
258	California State Preschool (CSPP)	X					
258-005	CSPP QRIS	X					
260	Child Care Facilities	X					
261	Migrant Alternative Payment	X					
262/265	Child Development Reserve	X					
112	Child Care Food Program (CACFP)		X				
115	Women, Infants & Children		X				
139	CACFP - San Joaquin		X				
	<u>Food Bank</u>		X				
105	Emergency Food Assistance		X				
111	USDA Commodities		X				
114	Emergency Food & Shelter		X				
147	Commodity Supplemental Food Program		X				
216-000	Food Bank Tax Check-Off		X				
216-087	State Emergency Food Assistance		X				
413	Resnick Foundation		X				
485	Southern California Gas Company (Solar)		X				
467	Wonderful Company Foundation		X				
504	Food Bank		X				
122	Low Income Home Energy Assistance			X			
123	Dept of Energy Weatherization			X			
241	LIWP Solar PV Pilot			X			
245	LIWP Single Family			X			
524	Energy			X			

COMMUNITY ACTION PARTNERSHIP OF KERN
FUNCTIONAL CLASSIFICATIONS BY FUND
FISCAL YEAR 2018/19

Abila Fund #	Fund Name	PROGRAM SERVICES				SUPPORT SERVICES	
		Education	Nutrition	Energy Conservation	Community Services	Discretionary/ Fund Raising	General & Admin
	<u>VITA (Volunteer Income Tax Assistance)</u>						
149	Internal Revenue Service - VITA				X		
	<u>Small Business Development</u>						
456	Bank of the West				X		
	<u>East Kern Family Resource Center</u>						
171	Economic Empowerment				X		
280	Differential Response				X		
281	First 5 East Kern Family Resource				X		
454	Dignity Health East Kern Health Link				X		
	<u>Youth Services</u>						
120	Information & Education				X		
242	Youth Authority				X		
246	Realignment for Success				X		
335	Gang Prevention				X		
444	Starbucks Foundation				X		
448	Wells Fargo Foundation				X		
527	Shafter Youth Center				X		
527-068	SYC - Robotics/STEM				X		
531	Friendship House Community Center				X		
531-068	FHCC - Robotics/STEM				X		
531-070	FHCC - Aggression Replacement Training				X		
	<u>2-1-1</u>						
164	Cal Fresh				X		
186	2-1-1 Hospital Preparedness Program				X		
284	First 5 Kern Help Me Grow				X		
288	First 5 Kern 2-1-1				X		
366	ReadyKern				X		
389	County of Kern 2-1-1				X		
428	2-1-1 United Way				X		
536-231	2-1-1: Kings County				X		
536-232	2-1-1: Tulare County				X		
536-233	2-1-1: Merced County				X		
536-234	2-1-1: Stanislaus County				X		

COMMUNITY ACTION PARTNERSHIP OF KERN
LINE OF CREDIT ADVANCES AND REPAYMENTS
FISCAL YEAR 2018/19

Date	Advance Amount	Repayment Amount	No. of Days Borrowed	Interest Expense	Interest Rate
02/28/18	n/a				
03/30/18	n/a				
04/30/18	n/a				
05/31/18	\$ 565,000	\$ 565,000	1	\$ 90.26	5.75070%
06/30/18	n/a				
07/31/18	n/a				

Note 1: Line of Credit agreement was entered into with Wells Fargo Bank as of January 5, 2018 for \$1 million and will terminate on January 15, 2019. On February 9, 2018, the line of credit was increased to \$2 million with the same termination date.

Note 2: Interest expense is calculated at 3.75% above daily one month LIBOR.

Note 3: Line of credit was used on May 31, 2018, and the amount drawn was \$565,000. The loan was repaid on 6/1/18 and the interest for one day was \$90.26.

LINE OF CREDIT COMMITMENT FEE (Based on the daily unused amount of the line of credit calculated quarterly)

Period	No. of Days in Period	Commitment Fee	Interest Rate
12/31/17 - 3/30/18	90 days	959.72	0.25%

Note 3: The interest expense and commitment fee are automatically deducted from CAPK's operating bank account at Wells Fargo Bank.

COMMUNITY ACTION PARTNERSHIP OF KERN OPERATING CASH SUMMARY AS OF JULY 31, 2018	
PROGRAM (FUND)	CASH BALANCE
CHILD AND ADULT CARE FOOD PROGRAM	(78,945.94)
HEAD START/EARLY HEAD START	391,832.08
SUBTOTAL	312,886.14
CHILD DEVELOPMENT RESERVE No. 2	21,436.74
GENERAL CHILD CARE	(103,347.06)
MIGRANT A/P	1,743,034.50
MIGRANT CHILD CARE	27,473.40
MIGRANT SPECIALIZED SERVICES	5,826.05
STATE PRESCHOOL	417,236.67
SUBTOTAL	2,111,660.30
BAKERSFIELD CALIFORNIAN FOUNDATION	53.32
COMMODITY SUPPLEMENTAL FOOD PROGRAM	(71,109.13)
EF&S	46,615.00
EFAP	82,477.00
FOOD BANK	168,695.38
FOOD BANK - STATE	122,444.98
SOCAL GAS	5,000.00
WONDERFUL FOUNDATION	14,093.19
SUBTOTAL	368,269.74
ENERGY	(93,359.69)
LIHEAP	(251,361.60)
LIWP	(15,954.54)
LIWP SOLAR PV	(77.29)
LIWP SINGLE FAMILY	(87,910.47)
WATER TANK	(23.63)
TRANSFER NEGATIVE BALANCE	448,687.22
SUBTOTAL	0.00
CALIFORNIA ENDOWMENT	
CENTRAL VALLEY SMALL BUSINESS DEVELOPMENT	25,000.00
SUBTOTAL	25,000.00
211	(70,727.69)
CAL FRESH	(3,052.51)
COST POOLS	43,934.90
CSBG	95,497.56
DIFFERENTIAL RESPONSE	(26,863.18)
DIGNITY HEALTH	17,479.39
DISCRETIONARY FUND	205,805.19
ECONOMIC EMPOWERMENT	(3,690.40)
FIRST 5 KERN 211	(31,409.03)
FIRST 5 KERN EAST KERN FAMILY RESOURCE CENTER	(21,028.73)
FIRST 5 HELP ME GROW	(12,726.99)
FRIENDSHIP HOUSE	(83,079.80)
FUNDRAISING	301,644.94
GANG PREVENTION	(11,432.17)
GENERAL FUND	117,051.52
HOSPITAL PREPAREDNESS	
INDIRECT FUND	1,345,714.12
IRS - VITA	(3,769.51)
INFORMATION & EDUCATION	(43,134.23)
REALIGNMENT FOR SUCCESS	(12,417.83)
SHAFTER YOUTH CENTER	(12,025.14)
STARBUCKS FOUNDATION	30,236.05
UNITED WAY 211	(5,419.02)
WELLS FARGO FOUNDATION	2,451.26
WIC	(796,588.79)
LESS: ENERGY NEGATIVE BALANCE	(448,687.22)
ADD: LINE OF CREDIT	0.00
SUBTOTAL	573,762.69
TOTAL OPERATING CASH	3,391,578.87

COMMUNITY ACTION PARTNERSHIP OF KERN (CAPK)

WELLS FARGO BANK ACCOUNTS

1. Operating Account: Used to make all CAPK disbursements and for deposits of all cash receipts unless there are requirements to deposit cash to a restricted bank account.
2. Head Start Accrued Vacation: This is an interest bearing restricted bank account that holds cash reserved for the payment of accrued vacation for Head Start and Early Head Start employees.
3. CSD Advances Account: This is an interest bearing restricted bank account for CSBG and Energy grants. Advances on the Community Services Block Grant (CSBG), Department of Energy – Weatherization Assistance Program (DOE WAP) and Low Income Home Energy Assistance Program (LIHEAP) grants are required to be deposited to a restricted bank account until there is an immediate need for the cash. Once the immediate need is determined, the cash is transferred to the Operating Account to make disbursements.
4. On-Line Donations Account: This is an interest bearing restricted bank account that is designated for internet donations to CAPK. The deposits are subsequently transferred to the Operating Account.
5. Child Development Reserve #1: This is an interest bearing restricted bank account that is required by the California Department of Education for center-based contracts, such as General Child Care (CCTR), State Preschool (CSPP) and State Migrant (CMIG) for the purpose of holding revenue earned in excess of costs. When the revenue is used, the cash is transferred to the Operating Account to make disbursements.
6. Child Development Reserve #2: This is an interest bearing restricted bank account that is required by the California Department of Education for alternative payment contracts, such as Migrant Childcare Alternative Payment (CMAP) for the purpose of holding revenue earned in excess of costs. When the revenue is used, the cash is transferred to the Operating Account to make disbursements.

Note: All CAPK bank accounts are with Wells Fargo Bank.

COMMUNITY ACTION PARTNERSHIP OF KERN
5005 BUSINESS PARK NORTH
BAKERSFIELD, CA 93309-1651

BANK RECONCILIATION FOR THE MONTH ENDED
July 31, 2018

WELLS FARGO BANK, N.A.
P. O. BOX 63020
SAN FRANCISCO, CA 94163

OPERATING ACCOUNT
ACCOUNT NO: XXXXXX-X2976

BANK BALANCE AT	07/31/18		3,868,630.99
Bank Adj			
Check #170690 s/b 49.60, not 58.32 as cleared by bank (pending)			
LESS: OUTSTANDING CHECKS		540,058.19	
ADJUSTED BANK BALANCE AT	07/31/18		3,328,572.80
GENERAL LEDGER BALANCE AT	06/30/18		1,512,435.78
ADD: DEPOSITS		4,170,358.20	
ACH DEPOSITS		-	
US TREAS DRAWDOWNS		1,368,088.39	
RECEIVED CASH FROM ADP		-	
TRSF FOR LIHEAP18		-	
TRSF CASH FOR HS/EHS VACATIONS		-	
ADD: DEPOSITS UNPOSTED		3,549.45	
WF CORP FEE		35.56	
COUNTY OF KERN		4,964.51	
LESS: CHECKS ISSUED (CURRENT MONTH)		2,189,077.59	
ADP PAYROLL 07/6/18		663,055.80	
ADP PAYROLL 07/20/18		774,397.83	
EFTS FOR HRA & STD/403B		864.66	
REC LOAN PRINCIPAL/INT EXPENSES		31,907.53	
UNRECONCILED DIFFERENCE			
ADP SUI/SDI Adj		100.33	
CLIENT ANALYSIS SERVICE CHARGE		788.17	
CLIENT UNUSED FEE FOR LINE OF CREDIT		1,259.96	
EFT FOR HSA ON 6/29/18		337.56	
EFT FOR HSA ON 7/11/18		314.62	
EFT FOR HSA ON 7/20/18		8,979.50	
EFT FOR HSA ON 7/24/18		314.62	
STANDARD/403B FOR 7/11/18		17,934.86	
STANDARD/403B FOR 7/24/18		19,947.06	
XFR CMAP RESERVE-CDR #2		21,579.00	
GENERAL LEDGER BALANCE AT	07/31/18		3,328,572.80

DIFFERENCE: -

PREPARED BY: [Signature] TITLE: Accountant DATE: 08/09/18

APPROVED BY: [Signature] TITLE: CFO DATE: 8/10/2018

**COMMUNITY ACTION PARTNERSHIP OF KERN
CSD ADVANCES ACCOUNT****

5005 BUSINESS PARK NORTH
BAKERSFIELD, CA 93309-1651

**BANK RECONCILIATION FOR MONTH ENDING
July 31, 2018**

WELLS FARGO BANK, N.A.
P. O. BOX 63020
SAN FRANCISCO, CA 94163

ACCOUNT NO.: XXXXXX-X1095

BANK BALANCE ENDING: 07/31/18 144,403.37

DEPOSITS IN TRANSIT 0.00

OUTSTANDING CHECKS 0.00

OTHER 0.00

ADJUSTED BANK BALANCE: 07/31/18 144,403.37

BALANCE PER G/L 06/30/18 78,399.98

ADD: DEPOSITS 66,085.00

INTEREST 19.47

BANK ACCOUNT TRANSFER FROM GENERAL FUND

LESS: CHECKS 0.00

CLIENT ANALYSIS SERVICE CHARGE 101.08

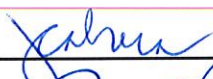
BANK ACCOUNT TRANSFER TO GENERAL FUND 0.00

BALANCE PER G/L 07/31/18 144,403.37

* December 2009 name changed from Food Bank to DOE ARRA.

DIFFERENCE: 0.00

** January 2018 name changed from DOE ARRA to CSD Advances.

PREPARED BY: 

TITLE: Accountant

DATE: 08/10/18

APPROVED BY: 

TITLE: CFO

DATE: 8/10/18

COMMUNITY ACTION PARTNERSHIP OF KERN
ON-LINE DONATIONS ACCOUNT***
5005 BUSINESS PARK NORTH
BAKERSFIELD, CA 93309-1651

BANK RECONCILIATION FOR MONTH ENDING
July 31, 2018

WELLS FARGO BANK, N.A.
P. O. BOX 6302
SAN FRANCISCO, CA 94163

ACCOUNT NO.: XXXXX-X1921

BANK BALANCE ENDING: 07/31/18 11,301.44

DEPOSITS IN TRANSIT (CREDIT CARD) 0.00

OUTSTANDING CHECKS 0.00

OTHER 0.00

ADJUSTED BANK BALANCE: 07/31/18 11,301.44

BALANCE PER GENERAL LEDGER 06/30/18 11,341.64

ADD: DEPOSITS (Credit Card Donations & Shared Fee) 0.00

BANKCARD DEPOSIT 0.00

PAYPAL DEPOSIT 0.00

INTEREST 1.73

LESS: APPLIED MERCHANT DEBITS 0.00

CLIENT ANALYSIS SERVICE CHARGE 29.48

BANKCARD FEES 12.45

CASH CONCENTRATION FEE 0.00

FUND TRANSFER TO GENERAL FUND 0.00

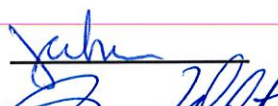
BALANCE PER GENERAL LEDGER: 07/31/18 11,301.44

* October 2009 name changed from WIC Account to CSBG ARRA Account and is now interest-bearing.

Difference: 0.00

** August 2010 name changed from CSBG ARRA Account to HOPE Program Account.

*** January 2018 name changed from HOPE Program Account to On-line Donations Account.

PREPARED BY: 

TITLE: Accountant

DATE: 08/10/18

APPROVED BY: 

TITLE: CFO

DATE: 8/10/18

COMMUNITY ACTION PARTNERSHIP OF KERN
CHILD DEVELOPMENT RESERVE #2
5005 BUSINESS PARK NORTH
BAKERSFIELD, CA 93309-1651

BANK RECONCILIATION FOR MONTH ENDING
July 31, 2018

WELLS FARGO BANK, N.A.
P. O. BOX 63020
SAN FRANCISCO, CA 94163

ACCOUNT NO.: XXXXXX-X2049

BANK BALANCE ENDING: 07/31/18 267.56

DEPOSITS IN TRANSIT 0.00

OUTSTANDING CHECKS 0.00

OTHER (Pending bank transfer) 21,579.00

ADJUSTED BANK BALANCE: 07/31/18 21,846.56

BALANCE PER G/L 06/30/18 322.40

ADD: DEPOSITS 0.00

INTEREST 0.04

BANK ACCOUNT TRANSFER FROM GENERAL FUND 21,579.00

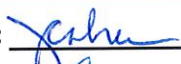
LESS: CHECKS 0.00

CLIENT ANALYSIS SERVICE CHARGE 54.88

BANK ACCOUNT TRANSFER TO GENERAL FUND 0.00

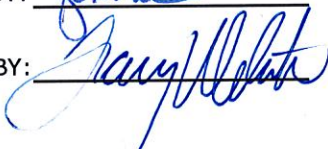
BALANCE PER G/L 07/31/18 21,846.56

DIFFERENCE: 0.00

PREPARED BY: 

TITLE: Accountant

DATE: 08/10/18

APPROVED BY: 

TITLE: CFO

DATE: 8/10/18

COMMUNITY ACTION PARTNERSHIP OF KERN
CHILD DEVELOPMENT RESERVE #1
5005 BUSINESS PARK NORTH
BAKERSFIELD, CA 93309-1651

BANK RECONCILIATION FOR MONTH ENDING
July 31, 2018

WELLS FARGO BANK, N.A.
P. O. BOX 63020
SAN FRANCISCO, CA 94163

ACCOUNT NO.: XXXXX-X6264

BANK BALANCE ENDING: **07/31/18** **0.00**

DEPOSITS IN TRANSIT 0.00

OUTSTANDING CHECKS 0.00

OTHER 0.00

ADJUSTED BANK BALANCE: **07/31/18** **0.00**

BALANCE PER G/L **06/30/18** **0.00**

ADD: DEPOSITS

INTEREST 0.00

BANK ACCOUNT TRANSFER FROM GENERAL FUND

LESS: CHECKS 0.00

CLIENT ANALYSIS SERVICE CHARGE 0.00

BANK ACCOUNT TRANSFER TO GENERAL FUND 0.00

BALANCE PER G/L **07/31/18** **0.00**

DIFFERENCE: 0.00

PREPARED BY:  TITLE: Accountant DATE: 08/10/18

APPROVED BY:  TITLE: CFO DATE: 8/10/18

COMMUNITY ACTION PARTNERSHIP OF KERN**HEADSTART ACCRUED VACATION***

5005 BUSINESS PARK NORTH
BAKERSFIELD, CA 93309-1651

BANK RECONCILIATION FOR MONTH ENDING**July 31, 2018**

WELLS FARGO BANK, N.A.
P. O. BOX 63020
SAN FRANCISCO, CA 94163

ACCOUNT NO.: XXXXX-X6256**BANK BALANCE ENDING: 07/31/18 482,375.12**

DEPOSITS IN TRANSIT 0.00

OUTSTANDING CHECKS 0.00

OTHER 0.00

ADJUSTED BANK BALANCE: 07/31/18 482,375.12

BALANCE PER G/L 06/30/18 482,191.40

ADD: DEPOSITS 0.00

INTEREST 183.72

BANK ACCOUNT TRANSFER FROM GENERAL FUND 0.00

LESS: CHECKS 0.00

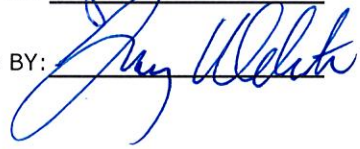
CLIENT ANALYSIS SERVICE CHARGE 0.00

BANK ACCOUNT TRANSFER TO GENERAL FUND 0.00

BALANCE PER G/L 07/31/18 482,375.12

DIFFERENCE: 0.00

* This account changed name in March 2011 from "Discretionary Fund" to "Head Start Accrued Vacation".

PREPARED BY: TITLE: DATE: 08/10/18APPROVED BY: TITLE: CFODATE: 8/10/18

**COMMUNITY ACTION PARTNERSHIP OF KERN
BANK OF AMERICA MASTERCARD SUMMARY
STATEMENTS DATED JUNE 22 - JULY 21, 2018**

Cardholder	Position	Amount Charged
Gloria Barbero	Administrator - EHS San Joaquin	1,348.87
Emily Gonzalez Demont	Assistant Director - Grants Management	0.00
Yolanda Gonzales	Director of Head Start/State Child Development Programs	1,492.37
Ralph Martinez	Director of Community Development	2,751.68
Raymond Quan	Director of Human Resources	666.52
Pritika Ram	Director of Administration	830.12
Carmen Segovia	Director of Health & Nutrition Services	1,332.38
Jeremy Tobias	Chief Executive Officer	1,601.32
Emilio Wagner	Director of Operations	1,138.84
	Total	11,162.10



GLORIA BARBERO

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$1,348.87
Minimum Payment Due **\$13.49**
Payment Due Date **08/16/18**

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:
\$19.00 for balance less than \$100.01
\$29.00 for balance less than \$1,000.01
\$39.00 for balance less than \$5,000.01
\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$758.43
Payments and Other Credits **-\$758.43**
Balance Transfer Activity \$0.00
Cash Advance Activity \$0.00
Purchases and Other Charges \$1,345.28
Fees Charged \$3.59
Finance Charge \$0.00

New Balance Total \$1,348.87
Credit Limit \$5,000
Credit Available \$3,651.13
Statement Closing Date 07/21/18
Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
Payments and Other Credits				
07/13	07/13	CA Banking Center payment	19406005750003503794674	- 758.43
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$758.43
Purchases and Other Charges				
06/22	06/21	AMAZON MKTPLACE PMTS AMZN.COM/BILLWA	55432868172200818730335	234.70
06/22	06/21	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	5531020817208303347978	544.39
06/25	06/22	AMAZON MKTPLACE PMTS AMZN.COM/BILLWA	55432868173200041384370	17.54
06/25	06/22	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	55310208173083023476901	12.09

0075843 0001349 0134887

Account Number: 5472 0635 7871 **6363**
June 22, 2018 - July 21, 2018

New Balance Total \$1,348.87
Minimum Payment Due **\$13.49**
Payment Due Date **08/16/18**

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Enter payment amount

\$

GLORIA BARBERO
COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling \$_____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ____/____/____ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___/___/___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$_____. I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___/___/___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation:

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on / / (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly.

Enclosed is a copy of the sales slip that shows the correct amount.

☐ 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____

Home Telephone: () Business Telephone: ()

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA. This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

[illegible]

Cardholder Name Change

[illegible]

Address

[illegible]

Address

[illegible]

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City

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State

ZIP

$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$
Home Telephone
$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
BANK OF AMERICA, PO BOX 982238,
EL PASO, TX. 79998-2238. USA

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
06/26	06/25	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	55310208176083027339482	232.00
06/28	06/27	WALMART.COM 800-966-6546 AR	55432868178200959873856	58.56
06/28	06/27	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	55310208178083227224110	36.26
06/29	06/28	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	55310208179083187613939	36.26
07/09	07/06	CPS HUMAN RESOURCE SER 916-2633600 CA	55436878188121887827223	4.85
07/17	07/16	KAHOOT! AS OSLO DUB	85383908198000000299986	119.40
07/19	07/18	WALMART.COM 800-966-6546 AR	55432868199200023613069	49.23
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$1,345.28
Fees Charged				
07/17	07/17	INTERNATIONAL TRANSACTION FEE	85383908198000000299986	3.59
TOTAL FEES FOR THIS PERIOD				\$3.59

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.



EMILY GONZALEZ DEMONT

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$0.00
Minimum Payment Due \$0.00
Payment Due Date 08/16/18

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$1,087.84
Payments and Other Credits -\$1,087.84
Balance Transfer Activity \$0.00
Cash Advance Activity \$0.00
Purchases and Other Charges \$0.00
Fees Charged **\$0.00**
Finance Charge **\$0.00**
New Balance Total \$0.00

Credit Limit \$10,000
Credit Available \$10,000.00
Statement Closing Date 07/21/18
Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
07/13	07/13	Payments and Other Credits		
		CA Banking Center payment	19406005750003503958006	- 1,087.84
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$1,087.84

0108784 0000000 0000000

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

EMILY GONZALEZ DEMONT
COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

Account Number: 5472 0635 7650 **7970**
June 22, 2018 - July 21, 2018

New Balance Total \$0.00
Minimum Payment Due \$0.00
Payment Due Date 08/16/18

Enter payment amount

\$

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

Your Name: _____ Account Number: _____
 Posting Date: _____ Transaction Date: _____ Reference Number: _____
 Amount: _____ Disputed Amount: _____ Merchant Name: _____

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

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represented by the transaction received by me or authorized by me.

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☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___/___/___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$_____. I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YYYY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___/___/___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation:

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on / / (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly.

☐ 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____

Home Telephone: () _____ Business Telephone: () _____

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SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

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CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

[illegible]

Cardholder Name Change

[illegible]

Address

[illegible]

Address

[illegible]

City

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State

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ZIP

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

Home Telephone

$$(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Business Telephone

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BANK OF AMERICA, PO BOX 982238,
EL PASO, TX. 79998-2238. USA



EMILY GONZALEZ DFMONT

June 22, 2018 - July 21, 2018

Page 3 of 4

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.



YOLANDA GONZALES

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$1,492.37
Minimum Payment Due **\$14.92**
Payment Due Date **08/16/18**

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:
\$19.00 for balance less than \$100.01
\$29.00 for balance less than \$1,000.01
\$39.00 for balance less than \$5,000.01
\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$305.03
Payments and Other Credits **-\$305.03**
Balance Transfer Activity \$0.00
Cash Advance Activity \$0.00
Purchases and Other Charges \$1,492.37
Fees Charged \$0.00

Finance Charge \$0.00
New Balance Total \$1,492.37
Credit Limit \$10,000
Credit Available \$8,507.63
Statement Closing Date 07/21/18
Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
Payments and Other Credits				
07/13	07/13	CA Banking Center payment	19406005750015503895335	- 305.03
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$305.03
Purchases and Other Charges				
06/26	06/25	OFFICE DEPOT #952 BAKERSFIELD CA	05436848177500155092480	348.32
07/02	06/29	BEST BUY 00008565 BAKERSFIELD CA	05410198180295006066354	293.82
07/02	06/29	FOSTER'S DONUTS BAKERSFIELD CA	55432868181200397458919	43.96
07/13	07/12	MARRIOTT NEWPORT BEACH NEWPORT BCH CA	55432868193200813580086	452.44

0030503 0001492 0149237

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

YOLANDA GONZALES
COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

Account Number: 5472 0635 8398 **5391**
June 22, 2018 - July 21, 2018

New Balance Total \$1,492.37
Minimum Payment Due **\$14.92**
Payment Due Date **08/16/18**

Enter payment amount

\$

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

Your Name: _____ Account Number: _____
 Posting Date: _____ Transaction Date: _____ Reference Number: _____
 Amount: _____ Disputed Amount: _____ Merchant Name: _____

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___/___/___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

Enclosed is a copy of the sales slip that shows the correct amount.

☐ 12. Other: Please explain _____

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA**. This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

PLEASE PRINT LEGIBLY.

[illegible][illegible][illegible][illegible]

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$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array}$$
$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Business Telephone

47

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		Arr: 07/09/18 Dep: 07/12/18 Inv: 022419		
07/20	07/19	PANERA BREAD #601790 BAKERSFIELD CA	55263528201400003157182	46.99
07/20	07/19	PANERA BREAD #601790 BAKERSFIELD CA	55263528201400001626154	306.84
		TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD		\$1,492.37

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.

Bank of America Business Advantage

LIFE / BETTER CONNECTED[®]



Online Banking

Tip of the month

Banking at your fingertips



Our Mobile Banking app¹ is certified by J.D. Power[®] for providing "An Outstanding Customer Experience."²

To learn more, and download it for free, visit bankofamerica.com/getmobileapp.

¹ Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

² For J.D. Power award information, visit jdpower.com.

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GLORIA BARBERO

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$1,348.87
Minimum Payment Due **\$13.49**
Payment Due Date **08/16/18**

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:
\$19.00 for balance less than \$100.01
\$29.00 for balance less than \$1,000.01
\$39.00 for balance less than \$5,000.01
\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$758.43
Payments and Other Credits **-\$758.43**
Balance Transfer Activity \$0.00
Cash Advance Activity \$0.00
Purchases and Other Charges \$1,345.28
Fees Charged \$3.59
Finance Charge \$0.00

New Balance Total \$1,348.87
Credit Limit \$5,000
Credit Available \$3,651.13
Statement Closing Date 07/21/18
Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
Payments and Other Credits				
07/13	07/13	CA Banking Center payment	19406005750003503794674	- 758.43
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$758.43
Purchases and Other Charges				
06/22	06/21	AMAZON MKTPLACE PMTS AMZN.COM/BILLWA	55432868172200818730335	234.70
06/22	06/21	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	55310208172083033347978	544.39
06/25	06/22	AMAZON MKTPLACE PMTS AMZN.COM/BILLWA	55432868173200041384370	17.54
06/25	06/22	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	55310208173083023476901	12.09

0075843 0001349 0134887

Account Number: 5472 0635 7871 **6363**
June 22, 2018 - July 21, 2018

New Balance Total \$1,348.87
Minimum Payment Due **\$13.49**
Payment Due Date **08/16/18**

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Enter payment amount

\$

GLORIA BARBERO
COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling \$_____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ____/____/____ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___/___/___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

Account Number: _____
Reference Number: _____
Merchant Name: _____

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$_____, I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ____/____/____ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation:

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on / / (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly.

Enclosed is a copy of the sales slip that shows the correct amount.

☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____

Home Telephone: () Business Telephone: ()

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA. This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

[illegible]

Cardholder Name Change

[illegible]

Address

[illegible]

Address

[illegible]

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City

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ZIP

$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} = \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$
Home Telephone
$$(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
BANK OF AMERICA, PO BOX 982238,
EL PASO, TX. 79998-2238. USA

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
06/26	06/25	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	55310208176083027339482	232.00
06/28	06/27	WALMART.COM 800-966-6546 AR	55432868178200959873856	58.56
06/28	06/27	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	55310208178083227224110	36.26
06/29	06/28	AMAZON.COM AMZN.COM/BI AMZN.COM/BILLWA	55310208179083187613939	36.26
07/09	07/06	CPS HUMAN RESOURCE SER 916-2633600 CA	55436878188121887827223	4.85
07/17	07/16	KAHOOT! AS OSLO DUB	85383908198000000299986	119.40
07/19	07/18	WALMART.COM 800-966-6546 AR	55432868199200023613069	49.23
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$1,345.28
Fees Charged				
07/17	07/17	INTERNATIONAL TRANSACTION FEE	85383908198000000299986	3.59
TOTAL FEES FOR THIS PERIOD				\$3.59

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.



EMILY GONZALEZ DEMONT

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$0.00
Minimum Payment Due \$0.00
Payment Due Date 08/16/18

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$1,087.84
Payments and Other Credits -\$1,087.84
Balance Transfer Activity \$0.00
Cash Advance Activity \$0.00
Purchases and Other Charges \$0.00
Fees Charged **\$0.00**
Finance Charge **\$0.00**
New Balance Total \$0.00

Credit Limit \$10,000
Credit Available \$10,000.00
Statement Closing Date 07/21/18
Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
07/13	07/13	Payments and Other Credits		
		CA Banking Center payment	19406005750003503958006	- 1,087.84
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$1,087.84

0108784 0000000 0000000

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

EMILY GONZALEZ DEMONT
COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

Account Number: 5472 0635 7650 **7970**
June 22, 2018 - July 21, 2018

New Balance Total \$0.00
Minimum Payment Due \$0.00
Payment Due Date 08/16/18

Enter payment amount

\$

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

Your Name: _____ Account Number: _____
 Posting Date: _____ Transaction Date: _____ Reference Number: _____
 Amount: _____ Disputed Amount: _____ Merchant Name: _____

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person
authorized by me to use my card, nor were the goods or services
represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling \$ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 4. I have not received the merchandise that was to be shipped to me on ____/____/____ (MM/DD/YY). I have asked the merchant to credit my account.

☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___/___/___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$_____. I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YYYY) and requested a credit adjustment. I am disputing this charge because _____
Please supply proof of return or if unable to return merchandise please explain.

☐ 8. I notified the merchant on ___/___/___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation:

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on / / (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.

☐ 11. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly.

☐ 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____

Home Telephone: () _____ Business Telephone: () _____

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

If you prefer to send a written inquiry regarding your account, please send the request to: BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA. This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

[illegible]

Cardholder Name Change

[illegible]

Address

[illegible]

Address

[illegible]

City

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State

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ZIP

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

Home Telephone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
BANK OF AMERICA, PO BOX 982238,
EL PASO, TX. 79998-2238. USA



EMILY GONZALEZ DFMONT

June 22, 2018 - July 21, 2018

Page 3 of 4

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.



YOLANDA GONZALES

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$1,492.37
Minimum Payment Due **\$14.92**
Payment Due Date **08/16/18**

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:
\$19.00 for balance less than \$100.01
\$29.00 for balance less than \$1,000.01
\$39.00 for balance less than \$5,000.01
\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$305.03
Payments and Other Credits **-\$305.03**
Balance Transfer Activity \$0.00
Cash Advance Activity \$0.00
Purchases and Other Charges \$1,492.37
Fees Charged \$0.00

Finance Charge \$0.00
New Balance Total \$1,492.37
Credit Limit \$10,000
Credit Available \$8,507.63
Statement Closing Date 07/21/18
Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
Payments and Other Credits				
07/13	07/13	CA Banking Center payment	19406005750015503895335	- 305.03
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$305.03
Purchases and Other Charges				
06/26	06/25	OFFICE DEPOT #952 BAKERSFIELD CA	05436848177500155092480	348.32
07/02	06/29	BEST BUY 00008565 BAKERSFIELD CA	05410198180295006066354	293.82
07/02	06/29	FOSTER'S DONUTS BAKERSFIELD CA	55432868181200397458919	43.96
07/13	07/12	MARRIOTT NEWPORT BEACH NEWPORT BCH CA	55432868193200813580086	452.44

0030503 0001492 0149237

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

YOLANDA GONZALES
COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

Account Number: 5472 0635 8398 **5391**
June 22, 2018 - July 21, 2018

New Balance Total \$1,492.37
Minimum Payment Due **\$14.92**
Payment Due Date **08/16/18**

Enter payment amount

\$

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

Your Name: _____ Account Number: _____
 Posting Date: _____ Transaction Date: _____ Reference Number: _____
 Amount: _____ Disputed Amount: _____ Merchant Name: _____

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___/___/___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

☐ 12. Other: Please explain _____

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA**. This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

PLEASE PRINT LEGIBLY.

[illegible]

Cardholder Name Change

[illegible]

Address

[illegible]

Address

[illegible]

City

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State

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ZIP

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

Home Telephone

$$(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Business Telephone

56

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		Arr: 07/09/18 Dep: 07/12/18 Inv: 022419		
07/20	07/19	PANERA BREAD #601790 BAKERSFIELD CA	55263528201400003157182	46.99
07/20	07/19	PANERA BREAD #601790 BAKERSFIELD CA	55263528201400001626154	306.84
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$1,492.37

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.

Bank of America Business Advantage

LIFE / BETTER CONNECTED[®]



Online Banking

Tip of the month

Banking at your fingertips



Our Mobile Banking app¹ is certified by J.D. Power[®] for providing "An Outstanding Customer Experience."²

To learn more, and download it for free, visit bankofamerica.com/getmobileapp.

¹ Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

² For J.D. Power award information, visit jdpower.com.

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RALPH MARTINEZ

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$2,751.68

Minimum Payment Due \$27.52

Payment Due Date 08/16/18

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:

\$19.00 for balance less than \$100.01

\$29.00 for balance less than \$1,000.01

\$39.00 for balance less than \$5,000.01

\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$69.00

Payments and Other Credits -\$69.00

Balance Transfer Activity \$0.00

Cash Advance Activity \$0.00

Purchases and Other Charges \$2,751.68

Fees Charged \$0.00

Finance Charge \$0.00

New Balance Total \$2,751.68

Credit Limit \$10,000

Credit Available \$7,248.32

Statement Closing Date 07/21/18

Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
Payments and Other Credits				
07/13	07/13	CA Banking Center payment	19406005750003504006243	- 69.00
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$69.00
Purchases and Other Charges				
06/27	06/26	FOOD-EX BAKERSFIELD CA	25247808177004344007526	728.64
07/02	07/01	STAYCLASSYP STAYCLASSY 6199611892 CA	55429508182894518333690	69.00
07/12	07/10	JAKES ORIGINAL TEX-MEX BAKERSFIELD CA	85309618192701746971059	80.44
07/13	07/11	UNITED 01671862963956 800-932-2732 TX	55432868193200793080164	891.80

0006900 0002752 0275168

Account Number: 5472 0635 7953 **9426**

June 22, 2018 - July 21, 2018

New Balance Total \$2,751.68

Minimum Payment Due \$27.52

Payment Due Date 08/16/18

Enter payment amount

\$

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

RALPH MARTINEZ
COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

- ☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- ☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- ☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling \$ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- ☐ 4. I have not received the merchandise that was to be shipped to me on ____/____/____ (MM/DD/YY). I have asked the merchant to credit my account.
- ☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- _____
- _____
- ☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ____/____/____ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- _____
- _____
- ☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____. Please supply proof of return or if unable to return merchandise please explain.
- _____
- ☐ 8. I notified the merchant on ____/____/____ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____
- ☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ____/____/____ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- _____
- ☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- ☐ 11. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- ☐ 12. Other: Please explain
- _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____
Home Telephone: (____) _____ Business Telephone: (____) _____

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA**. This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City

State

ZIP

Home Telephone

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
**BANK OF AMERICA, PO BOX 982238,
EL PASO, TX, 79998-2238, USA**



RALPH MARTINEZ

June 22, 2018 - July 21, 2018

Page 3 of 4

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		MARTINEZ/RALPH ERNES		
		01671862963956		
		Departure Date: 08/26/18 Airport Code: BFL		
		UA Q DEN		
		Departure Date: 08/26/18 Airport Code: DEN		
		UA Q ORD		
		Departure Date: 08/26/18 Airport Code: ORD		
		UA Q FNT		
		Departure Date: 08/27/18 Airport Code: FNT		
		AU W ORD		
		Departure Date: 08/27/18 Airport Code: ORD		
		UA W DEN		
		Departure Date: 08/31/18 Airport Code: DEN		
		UA V BFL		
07/13	07/11	UNITED 01671862963993 800-932-2732 TX	55432868193200793080180	891.80
		SHEGOS/SHEILA MARIE		
		01671862963993		
		Departure Date: 08/26/18 Airport Code: BFL		
		UA Q DEN		
		Departure Date: 08/26/18 Airport Code: DEN		
		UA Q ORD		
		Departure Date: 08/26/18 Airport Code: ORD		
		UA Q FNT		
		Departure Date: 08/27/18 Airport Code: FNT		
		AU W ORD		
		Departure Date: 08/27/18 Airport Code: ORD		
		UA W DEN		
		Departure Date: 08/31/18 Airport Code: DEN		
		UA V BFL		
07/13	07/12	LAMBOURNE TRAVEL 6613239031 CA	55438458194286000878311	45.00
07/13	07/12	LAMBOURNE TRAVEL 6613239031 CA	55438458194286000878329	45.00
		TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD		\$2,751.68

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.



Online Banking

Tip of
the month

Banking at your fingertips



Our Mobile Banking app¹ is certified by J.D. Power[®]
for providing "An Outstanding Customer Experience."²

To learn more, and download it for free,
visit bankofamerica.com/getmobileapp.

¹ Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.
² For J.D. Power award information, visit jdpower.com.
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RAYMOND T QUAN

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com**Mail Billing Inquiries to:**
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238**Mail Payments to:**
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796**Customer Service:**
1.800.673.1044, 24 Hours**TTY Hearing Impaired:**
1.888.500.6267, 24 Hours**Outside the U.S.:**
1.509.353.6656, 24 Hours**For Lost or Stolen Card:**
1.800.673.1044, 24 Hours**Business Offers:**
www.bankofamerica.com/mybusinesscenter**Payment Information**

New Balance Total \$666.52

Minimum Payment Due **\$10.00**Payment Due Date **08/16/18****Late Payment Warning:** If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:

\$19.00 for balance less than \$100.01

\$29.00 for balance less than \$1,000.01

\$39.00 for balance less than \$5,000.01

\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.**Account Summary**

Previous Balance \$0.00

Payments and Other Credits \$0.00

Balance Transfer Activity \$0.00

Cash Advance Activity \$0.00

Purchases and Other Charges \$666.52

Fees Charged \$0.00**Finance Charge \$0.00**

New Balance Total \$666.52

Credit Limit \$10,000

Credit Available \$9,333.48

Statement Closing Date 07/21/18

Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		Purchases and Other Charges		
06/25	06/23	DOUBLETREE HOTEL ALBSM ALBUQUERQUE NM	55310208174036009389653	626.52
		Arr: 06/19/18 Dep: 06/23/18 Inv: 938965		
06/27	06/25	RPS BAKERSFIELD BAKERSFIELD CA	55436878177261777386816	40.00
		TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD		\$666.52

0075780 0001000 0066652

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796RAYMOND T QUAN
COMM ACTION PRTRNSH KERN
COMM ACTION PRTRNSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105Account Number: 5472 0635 7556 **4162**
June 22, 2018 - July 21, 2018

New Balance Total \$666.52

Minimum Payment Due **\$10.00**Payment Due Date **08/16/18**

Enter payment amount

\$

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call 1.866.601.4410, 8am-8pm Est. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

- ☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- ☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- ☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling \$ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- ☐ 4. I have not received the merchandise that was to be shipped to me on ____/____/____ (MM/DD/YY). I have asked the merchant to credit my account.
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- _____
- _____
- ☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ____/____/____ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- _____
- _____
- ☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____. Please supply proof of return or if unable to return merchandise please explain.
- _____
- ☐ 8. I notified the merchant on ____/____/____ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____
- ☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ____/____/____ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- _____
- ☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- ☐ 11. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- ☐ 12. Other: Please explain _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____

Home Telephone: (____) _____ Business Telephone: (____) _____

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

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SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

CUSTOMER CORRESPONDENCE

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CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City

State

ZIP

(____) _____ - _____
Home Telephone

(____) _____ - _____
Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
**BANK OF AMERICA, PO BOX 982238,
EL PASO, TX, 79998-2238, USA**



RAYMOND T QUAN

June 22, 2018 - July 21, 2018

Page 3 of 4

Finance Charge Calculation

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.



PRITIKA RAM

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$830.12

Minimum Payment Due **\$10.00**Payment Due Date **08/16/18**

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:

\$19.00 for balance less than \$100.01

\$29.00 for balance less than \$1,000.01

\$39.00 for balance less than \$5,000.01

\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$348.34

Payments and Other Credits -\$348.34

Balance Transfer Activity \$0.00

Cash Advance Activity \$0.00

Purchases and Other Charges \$830.12

Fees Charged \$0.00**Finance Charge \$0.00**

New Balance Total \$830.12

Credit Limit \$10,000

Credit Available \$9,169.88

Statement Closing Date 07/21/18

Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
Payments and Other Credits				
07/13	07/13	CA Banking Center payment	19406005760028503744104	- 348.34
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$348.34
Purchases and Other Charges				
06/25	06/21	FELDESMAN TUCKER LEIFE 2024668960 DC	75337008173471700472122	275.00
06/25	06/21	SACRAMENTO HOLIDAY INN SACRAMENTO CA	55310208175708901839543	217.72
		Arr: 06/20/18 Dep: 06/21/18 Inv: 24499174		
07/13	07/11	UNITED 01671862963923 800-932-2732 TX	55432868193200793080131	292.40

0034834 0001000 0083012

Account Number: 5472 0635 7731 **9490**

June 22, 2018 - July 21, 2018

New Balance Total \$830.12

Minimum Payment Due **\$10.00**Payment Due Date **08/16/18**

Enter payment amount

\$

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

PRITIKA RAM
COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

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Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

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- ☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____. Please supply proof of return or if unable to return merchandise please explain.

- ☐ 8. I notified the merchant on ____/____/____ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____
- ☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ____/____/____ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.

- ☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
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- ☐ 12. Other: Please explain

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____
Home Telephone: (____) _____ Business Telephone: (____) _____

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SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City

State

ZIP

Home Telephone

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
**BANK OF AMERICA, PO BOX 982238,
EL PASO, TX, 79998-2238, USA**

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
		RAM/PRITIKA		
		01671862963923		
		Departure Date: 08/26/18 Airport Code: BFL		
		UA N DEN		
		Departure Date: 08/31/18 Airport Code: DEN		
		UA N BFL		
07/13	07/12	LAMBOURNE TRAVEL 6613239031 CA	55438458194286000878303	45.00
		TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD		\$830.12

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.

Bank of America **Business Advantage**

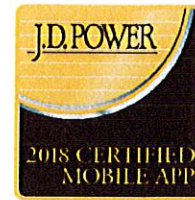
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Online Banking

Tip of the month

Banking at your fingertips



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To learn more, and download it for free, visit bankofamerica.com/getmobileapp.

¹ Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

² For J.D. Power award information, visit jdpower.com.

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CARMEN SEGOVIA

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$1,332.38

Minimum Payment Due **\$13.32**Payment Due Date **08/16/18**

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:

\$19.00 for balance less than \$100.01

\$29.00 for balance less than \$1,000.01

\$39.00 for balance less than \$5,000.01

\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$6,254.11

Payments and Other Credits -\$6,254.11

Balance Transfer Activity \$0.00

Cash Advance Activity \$0.00

Purchases and Other Charges \$1,332.38

Fees Charged \$0.00**Finance Charge \$0.00**

New Balance Total \$1,332.38

Credit Limit \$20,000

Credit Available \$18,667.62

Statement Closing Date 07/21/18

Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
Payments and Other Credits				
07/13	07/13	CA Banking Center payment	19406005750003504048773	- 6,254.11
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		- \$6,254.11
Purchases and Other Charges				
06/22	06/20	ALBERTSONS 0358 BAKERSFIELD CA	55310208172975010011693	37.98
06/25	06/22	WALMART.COM 800-966-6546 AR	55432868173200032547605	115.06
06/25	06/22	WALMART.COM 8009666546 AR	55500368174083207262144	35.70
06/27	06/26	USPS PO 0504680519 BAKERSFIELD CA	05436848178000341600931	65.00

0625411 0001332 0133238

Account Number: 5472 0690 0817 **5856**

June 22, 2018 - July 21, 2018

New Balance Total \$1,332.38

Minimum Payment Due **\$13.32**Payment Due Date **08/16/18**

Enter payment amount

\$

☐ Check here for a change of mailing address or phone numbers.
Please provide all corrections on the reverse side.

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www.bankofamerica.com

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PO BOX 15796
WILMINGTON, DE 19886-5796

CARMEN SEGOVIA
COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

Your Name: _____ Account Number: _____
 Posting Date: _____ Transaction Date: _____ Reference Number: _____
 Amount: _____ Disputed Amount: _____ Merchant Name: _____

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.

☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.

☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling \$ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.

☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ___/___/___ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

Enclosed is a copy of the sales slip that shows the correct amount.

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays), 2) received at the payment address indicated on the front of this statement, 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

If you prefer to send a written inquiry regarding your account, please send the request to: BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA. This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

PLEASE PRINT LEGIBLY.

[illegible]

Cardholder Name Change

[illegible]

Address

[illegible]

Address

[illegible]

--	--

City

State

--	--	--	--	--

-

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ZIP

$$(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$
$$(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Home Telephone

Business Telephone

69

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
06/28	06/26	ME N EDS PIZZERIA - 82 VISALIA CA	05314618178100093163494	100.42
06/29	06/28	OFFICE DEPOT #952 BAKERSFIELD CA	05436848180500176068100	77.86
06/29	06/28	OFFICE DEPOT #952 BAKERSFIELD CA	05436848180500176068282	94.81
07/02	06/29	BEST BUY 00008565 BAKERSFIELD CA	05410198180295047044675	262.72
07/03	07/02	FEDEXOFFICE 00052936 BAKERSFIELD CA	05410198183069300295093	66.30
07/11	07/10	FEATHER FLAG NATION 8779005692 CA	55480778191083217524163	282.73
07/13	07/12	AMAZON MKTPLACE PMTS AMZN.COM/BILLWA	55432868193200775415347	73.80
07/19	07/18	USPS PO BOXES ONLINE 800-275-8777 DC	05436848200600015856073	120.00
TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD				\$1,332.38

Finance Charge Calculation

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.

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¹ Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.
² For J.D. Power award information, visit jdpower.com.



JEREMY T TOBIAS

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$1,601.32

Minimum Payment Due **\$16.01**

Payment Due Date **08/16/18**

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:

\$19.00 for balance less than \$100.01

\$29.00 for balance less than \$1,000.01

\$39.00 for balance less than \$5,000.01

\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$569.40

Payments and Other Credits -\$569.40

Balance Transfer Activity \$0.00

Cash Advance Activity \$0.00

Purchases and Other Charges \$1,601.32

Fees Charged \$0.00

Finance Charge \$0.00

New Balance Total \$1,601.32

Credit Limit \$10,000

Credit Available \$8,398.68

Statement Closing Date 07/21/18

Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
07/13	07/13	Payments and Other Credits		
		CA Banking Center payment	19406005760028503840894	- 569.40
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		-\$569.40
		Purchases and Other Charges		
06/25	06/22	AMERICAN 0010289212675 ALBUQUERQUE NM	55417348174871742502857	25.00
		TOBIAS/JEREMY T		
		0010289212675		

0056940 0001601 0160132

Account Number: 5472 0635 7791 **4407**

June 22, 2018 - July 21, 2018

New Balance Total \$1,601.32

Minimum Payment Due **\$16.01**

Payment Due Date **08/16/18**

Enter payment amount

\$

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or make your payment online at

www.bankofamerica.com

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WILMINGTON, DE 19886-5796

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COMM ACTION PRTRSH KERN
COMM ACTION PRTRSH KERN
5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

- ☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- ☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- ☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling \$ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- ☐ 4. I have not received the merchandise that was to be shipped to me on ____/____/____ (MM/DD/YY). I have asked the merchant to credit my account.
- ☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- _____
- _____
- ☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ____/____/____ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- _____
- _____
- ☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____. Please supply proof of return or if unable to return merchandise please explain.
- _____
- ☐ 8. I notified the merchant on ____/____/____ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____
- ☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ____/____/____ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- _____
- ☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- ☐ 11. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- ☐ 12. Other: Please explain
- _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____

Home Telephone: (____) _____ Business Telephone: (____) _____

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

CUSTOMER CORRESPONDENCE

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CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City

State

ZIP

Home Telephone

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
**BANK OF AMERICA, PO BOX 982238,
EL PASO, TX, 79998-2238, USA**

Transactions				
Posting Date	Transaction Date	Description	Reference Number	Amount
		Departure Date: 06/22/18 Airport Code: EBC		
		AA Y FEE		
06/25	06/23	DOUBLETREE HOTEL ALBSM ALBUQUERQUE NM	55310208174036009389638	626.52
		Arr: 06/19/18 Dep: 06/23/18 Inv: 938963		
07/05	07/04	GREATER BAKERSFIELD CH BAKERSFIELD CA	55421358185627127704223	275.00
07/13	07/11	UNITED 01671862963934 800-932-2732 TX	55432868193200793080149	292.40
		TOBIAS/JEREMY TROY		
		01671862963934		
		Departure Date: 08/26/18 Airport Code: BFL		
		UA N DEN		
		Departure Date: 08/31/18 Airport Code: DEN		
		UA N BFL		
07/13	07/11	UNITED 01671862963945 800-932-2732 TX	55432868193200793080156	292.40
		OCHOA/YOLANDA		
		01671862963945		
		Departure Date: 08/26/18 Airport Code: BFL		
		UA N DEN		
		Departure Date: 08/31/18 Airport Code: DEN		
		UA N BFL		
07/13	07/12	LAMBOURNE TRAVEL 6613239031 CA	55438458194286000878287	45.00
07/13	07/12	LAMBOURNE TRAVEL 6613239031 CA	55438458194286000878352	45.00
		TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD		\$1,601.32

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	20.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.



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¹ Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

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EMILIO WAGNER

Platinum Plus® for Business

June 22, 2018 - July 21, 2018

Cardholder Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

TTY Hearing Impaired:
1.888.500.6267, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total \$1,138.84

Minimum Payment Due \$11.39

Payment Due Date 08/16/18

Late Payment Warning: If we do not receive your minimum payment by the date listed above. You may have to pay a fee based on the outstanding balance on the fee assessment date:

\$19.00 for balance less than \$100.01

\$29.00 for balance less than \$1,000.01

\$39.00 for balance less than \$5,000.01

\$49.00 for balance equal to or greater than \$5,000.01

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance \$3,058.42

Payments and Other Credits -\$3,058.42

Balance Transfer Activity \$0.00

Cash Advance Activity \$0.00

Purchases and Other Charges \$1,138.84

Fees Charged \$0.00**Finance Charge** \$0.00

New Balance Total \$1,138.84

Credit Limit \$10,000

Credit Available \$8,861.16

Statement Closing Date 07/21/18

Days in Billing Cycle 30

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
07/13	07/13	Payments and Other Credits		
		CA Banking Center payment	19406005760028503470932	- 3,058.42
		TOTAL PAYMENTS AND OTHER CREDITS FOR THIS PERIOD		- \$3,058.42
		Purchases and Other Charges		
07/02	06/29	LA QUINTA INNS 0650 FRESNO CA	55432868181200525634845	101.02
		Arr: 06/28/18 Dep: 06/29/18 Inv: 371395		
07/02	06/29	LA QUINTA INNS 0650 FRESNO CA	55432868181200525634860	101.02
		Arr: 06/28/18 Dep: 06/29/18 Inv: 371394		

0305842 0001139 0113884

Account Number: 5472 0635 7450 8442

June 22, 2018 - July 21, 2018

New Balance Total \$1,138.84

Minimum Payment Due \$11.39

Payment Due Date 08/16/18

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Enter payment amount

\$

EMILIO WAGNER
COMM ACTION PRTNRSH KERN
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5005 BUSINESS PARK N
BAKERSFIELD, CA 93309-165105

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Please provide all corrections on the reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est.** You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

- ☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
- ☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
- ☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling \$ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
- ☐ 4. I have not received the merchandise that was to be shipped to me on ____/____/____ (MM/DD/YY). I have asked the merchant to credit my account.
- ☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.
- _____
- _____
- ☐ 6. Merchandise shipped to me arrived damaged and/or defective. I returned it on ____/____/____ (MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.
- _____
- _____
- ☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of \$ _____. I have contacted the merchant, returned the merchandise on ____/____/____ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because _____. Please supply proof of return or if unable to return merchandise please explain.
- _____
- ☐ 8. I notified the merchant on ____/____/____ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____
- ☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ____/____/____ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchant's failure to provide the services.
- _____
- ☐ 10. I was issued a credit slip that was not shown on my statement. A copy of my credit slip is enclosed. If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
- ☐ 11. The amount of the charge was increased from \$ _____ to \$ _____ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.
- ☐ 12. Other: Please explain
- _____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ Date: _____
Home Telephone: (____) _____ Business Telephone: (____) _____

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

SERVICE FOR THE HEARING IMPAIRED: 1.888.500.6267, 24 Hours

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 982238, EL PASO, TX, 79998-2238, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

CHANGE OF ADDRESS OR TELEPHONE NUMBER? PLEASE MAKE THE CHANGE BELOW, OR VISIT US ONLINE.

PLEASE PRINT LEGIBLY.

Cardholder Name Change

Address

Address

City

State

ZIP

Home Telephone

Business Telephone

For address changes on all accounts in your program, have the authorized contact mail a request to,
**BANK OF AMERICA, PO BOX 982238,
EL PASO, TX, 79998-2238, USA**

Transactions

Posting Date	Transaction Date	Description	Reference Number	Amount
07/13	07/11	UNITED 01671862963971 800-932-2732 TX WAGNER/EMILIO GABRIE 01671862963971 Departure Date: 08/26/18 Airport Code: BFL UA Q DEN Departure Date: 08/26/18 Airport Code: DEN UA Q ORD Departure Date: 08/26/18 Airport Code: ORD UA Q FNT Departure Date: 08/27/18 Airport Code: FNT AU W ORD Departure Date: 08/27/18 Airport Code: ORD UA W DEN Departure Date: 08/31/18 Airport Code: DEN UA V BFL	55432868193200793080172	891.80
07/13	07/12	LAMBOURNE TRAVEL 6613239031 CA TOTAL PURCHASES AND OTHER CHARGES FOR THIS PERIOD	55438458194286000878279	45.00 \$1,138.84

Finance Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	13.99%	\$0.00	\$0.00
CASH	25.99% V	\$0.00	\$0.00

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.

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¹ Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.
² For J.D. Power award information, visit jdpower.com.
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COMMUNITY ACTION PARTNERSHIP OF KERN
CENTRAL KITCHEN - BUDGET TO ACTUAL
FOR THE PERIOD MARCH 1, 2018 TO FEBRUARY 28, 2019 (5 OF 12 MONTHS OR 41.67%)

Line Item	2018/19 Budget	3/1/18 - 7/31/18 Actual	% Expended	Available Budget
USDA Revenue (Note A)	\$1,265,857	449,185	35.5%	816,672
Head Start Subsidy	<u>1,151,461</u>	<u>421,870</u>	36.6%	<u>729,591</u>
Total Revenue	<u>\$2,417,318</u>	<u>\$871,055</u>	36.0%	<u>1,546,263</u>
Expenditures (Note B)				
Salaries	\$557,792	226,588	40.6%	331,204
Benefits	167,338	83,559	49.9%	83,779
Vehicle Gasoline, Repair/Maintenance	70,000	28,830	41.2%	41,170
Space Costs	101,200	29,668	29.3%	71,532
Supplies - Office & Food Service	114,900	47,235	41.1%	67,665
Equipment Purchase		7,271		(7,271)
Equipment Repair/Maintenance	6,000	4,584	76.4%	1,416
Communication	13,000	3,679	28.3%	9,321
Risk Insurance	12,700	2,643	20.8%	10,057
Printing	1,700	310	18.2%	1,390
Hiring & Employee Costs	1,800	213	11.8%	1,587
First Aid	2,600	25	1.0%	2,575
Home Base Socializations	9,568		0.0%	9,568
Raw Food/Vended Meals	<u>763,418</u>	<u>274,157</u>	35.9%	<u>489,261</u>
Sub Total	1,822,016	708,761	38.9%	1,113,255
Adult Meals Prepared	188,000	111,018	59.1%	76,982
Indirect	<u>219,302</u>	<u>51,276</u>	23.4%	<u>168,026</u>
Total Expenditures	<u>\$2,229,318</u>	<u>\$871,055</u>	39.1%	<u>1,358,263</u>

	Prior Period	July 2018	Cum
Total Meals Prepared and Vended (Note C)	243,157	18,852	262,009
Total Meals Claimed	<u>199,654</u>	<u>12,786</u>	<u>212,440</u>
Difference	43,503	6,066	49,569

Percentage Claimed to Prepared/Vended	82.1%	67.8%	81.1%
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Note A: Source of USDA revenue is monthly report submitted to California Department of Education by Head Start/State Child Development Program Division. Revenue is reimbursement for meals claimed.

Note B: Expenditures are for meals prepared, including vended meals.

Note C: Total number of meals delivered to the centers and homebase excluding adult prepared and adult meals vended. The total represents the number of meals available to be served to center and homebase children.

COMMUNITY ACTION PARTNERSHIP OF KERN
STATE DEPARTMENT OF EDUCATION CONTRACT - MIGRANT ALTERNATIVE PAYMENT
FOR THE PERIOD 7/1/17 - 6/30/18 (12 OF 12 MONTHS = 100%)

Contract CMAP-7000	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	Total	%	% Earned to MRA
Provider Payments	411,134	455,315	507,599	468,130	475,940	458,399	472,067	476,835	489,677	481,817	495,923	438,997	5,631,833		
Less: Family Fees	(13,071)	(14,022)	(2,966)	(5,788)	(9,373)	(9,652)	(10,344)	(11,462)	(11,406)	(11,603)	(11,398)	(11,072)	(122,157)		
Net Provider Payments	398,063	441,293	504,633	462,342	466,567	448,747	461,723	465,373	478,271	470,214	484,525	427,925	5,509,676	82.18%	
Maximum Reimbursable Amount (MRA) for Provider Payments													5,832,639		96.56%
Administration & Support Services Revenue															
Provider Payments	411,134	455,315	507,599	468,130	475,940	458,399	472,067	476,835	489,677	481,817	495,923	438,997	5,631,833		
Reimbursement Rate	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%	x 21.2121%		
Revenue Earned	<u>87,210</u>	<u>96,582</u>	<u>107,672</u>	<u>99,300</u>	<u>100,957</u>	<u>97,236</u>	<u>100,135</u>	<u>101,147</u>	<u>103,871</u>	<u>102,204</u>	<u>105,196</u>	<u>93,120</u>	<u>1,194,630</u>		
Program Administration/Support Services Costs	42,841	62,672	82,488	65,595	63,154	81,946	38,075	108,635	39,852	59,136	63,348	82,978	790,720	11.79%	
Indirect (10% x MTDC) Costs	46,066	52,639	58,667	53,301	54,208	54,352	51,410	59,055	53,455	54,617	56,429	52,540	646,739	6.02%	
Transfer Indirect to CSBG						(123,209)		(40,442)	(53,292)			(25,885)	(242,828)		
Total Operating Costs	<u>88,907</u>	<u>115,311</u>	<u>141,155</u>	<u>118,896</u>	<u>117,362</u>	<u>13,089</u>	<u>89,485</u>	<u>127,248</u>	<u>40,015</u>	<u>113,753</u>	<u>119,777</u>	<u>109,632</u>	<u>1,194,630</u>	17.82%	
Revenue Earned Over/(Under) Costs	<u>(1,697)</u>	<u>(18,729)</u>	<u>(33,483)</u>	<u>(19,596)</u>	<u>(16,405)</u>	<u>84,147</u>	<u>10,650</u>	<u>(26,101)</u>	<u>63,856</u>	<u>(11,549)</u>	<u>(14,581)</u>	<u>(16,512)</u>	<u>(0.00)</u>		
TOTAL COSTS - NET OF FAMILY FEES	<u>486,970</u>	<u>556,604</u>	<u>645,788</u>	<u>581,238</u>	<u>583,929</u>	<u>461,836</u>	<u>551,208</u>	<u>592,621</u>	<u>518,286</u>	<u>583,967</u>	<u>604,302</u>	<u>537,557</u>	<u>6,704,306</u>	<u>100.00%</u>	

Note 1: Administration and Support Services revenue is earned based on the amount of provider payments incurred. Example:

Provider payments 5,631,833
Reimbursement Rate (17.5% / 82.5%) x 21.2121%
Revenue Earned 1,194,630

Note 2: The maximum reimbursable amount per the 2017/18 State contract is as follows:

Provider Payments 5,832,639 82.50%
Administration 1,060,480 15.00%
Support Services 176,747 2.50%
Maximum Reimbursable Amount (MRA) 7,069,866 100.00%

Note 3: The MRA for 2017/18 is \$540,145 greater than 2016/17.

COMMUNITY ACTION PARTNERSHIP OF KERN
STATE DEPARTMENT OF EDUCATION 2017/18 CONTRACTS - EARNED REVENUE
FOR THE PERIOD 7/1/17 - 6/30/18 (12 OF 12 MONTHS = 100.00%)

	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	TOTAL	% Earned to MRA
GENERAL CHILD CARE (CCTR-7050)														
Adjusted Days of Enrollment - Certified	3,900	5,289	4,655	4,917	4,534	4,331	4,971	4,484	5,516	5,563	5,834	5,124	59,118	
Reimbursement Rate per Child per Day	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.45</u>	<u>X \$45.46</u>	<u>X \$45.44</u>	
Revenue Earned	\$177,216	\$240,332	\$211,523	\$223,428	\$206,025	\$196,801	\$225,882	\$203,753	\$250,647	\$252,787	\$265,101	\$232,829	2,686,324	115.34%
Maximum Reimbursable Amount (MRA)													\$2,329,073	
CALIFORNIA STATE PRESCHOOL (CSPP-7119)														
Adjusted Days of Enrollment - Certified	3,041	4,826	6,531	7,817	6,948	6,083	6,900	6,878	6,919	7,823	6,431	2,547	72,744	
Reimbursement Rate per Child per Day	<u>X \$45.73</u>	<u>X \$45.73</u>	<u>X \$45.73</u>	<u>X \$45.73</u>	<u>X \$45.73</u>	<u>X \$45.73</u>	<u>X \$45.73</u>	<u>X \$45.73</u>	<u>X \$45.73</u>	<u>X \$45.73</u>	<u>X \$45.74</u>	<u>X \$45.75</u>	<u>X \$45.73</u>	
Revenue Earned	\$139,065	\$220,693	\$298,663	\$357,471	\$317,732	\$278,176	\$315,537	\$314,531	\$316,406	\$357,746	\$294,090	\$116,474	3,326,583	106.24%
Maximum Reimbursable Amount (MRA)													\$3,131,270	
MIGRANT CHILD CARE (CMIG-7004)														
Adjusted Days of Enrollment - Certified	418	500	433	549	480	451	545	500	611	641	659	597	6,384	
Reimbursement Rate per Child per Day	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.44</u>	<u>X \$45.45</u>	<u>X \$45.46</u>	<u>X \$45.44</u>	
Revenue Earned	\$18,994	\$22,720	\$19,676	\$24,947	\$21,811	\$20,493	\$24,765	\$22,720	\$27,764	\$29,127	\$29,945	\$27,128	290,089	122.66%
Maximum Reimbursable Amount (MRA)													\$236,499	

Note 1: Source of adjusted days of enrollment for certified children is the monthly attendance report prepared by the Fiscal Dept. of the Head Start/State Child Development Division.

Note 2: Source of reimbursement rate per child per day and maximum reimbursable amount is per the 2017/18 State contracts.

Note 3: CCTR's MRA for 2017/18 is \$268,586 greater than 2016/17.
CSPP's MRA for 2017/18 is \$361,517 greater than 2016/17.
CMIG's MRA for 2017/18 is \$27,193 greater than 2016/17.

Division/CFO: Tracy Webster, CFO	Month/Year: July 2018
Program/Work Unit: Not Applicable	Deputy CFO: Idi Alali
Services: Overall financial and accounting functions of the organization	

Activities	July 2018		Year to Date (3/1/18-7/31/18)	
Description	Number	Amount	Number	Amount
Accounting Transactions Processed	14,593		97,337	
Bank Deposits	10	4,173,908	30	10,643,294
Wire Deposits	2	4,965	20	256,393
Head Start/IRS Drawdowns	2	1,368,088	26	10,364,563
Vendor Checks Issued	873	2,189,078	4,475	10,620,999
Payroll Disbursed		1,437,454		11,124,885
Grant Reports Prepared in July 2018	15		68	
Cal Fresh Outreach				
Dept. of Education • CCTR • CMIG/CMSS • CSPP • Migrant Alternative Payment				
Differential Response				
EFAP				
Federal Financial Report (FFR) • EHS/HS Kern – Annual • EHS San Joaquin – Annual & Final • EHS Partnership – Semi-annual				
First 5 Kern • 211 • E. Kern Family Resource Center • Help Me Grow				
Gang Prevention				
Information & Education				
LIHEAP 2016				
LIHEAP 2017				
LIHEAP 2018				
Realignment for Success				
Supplemental Commodity Food Program				
U. S. Treasury Cash Report • Head Start • Internal Revenue Service				
WIC				

Other: Total Division Staffing: 8 + 3 vacancies – Accountant (2) & Accounting Specialist

CFO	Deputy CFO
Accounting Manager	Accountant II
Accountant (2)	Accounting Specialist
Accounting Technician (4)	Accounting Clerk

Community Action of Partnership of Kern Agency Total

STATEMENT OF POSITION (UNAUDITED) AS OF FEBRUARY 28, 2018

ASSETS

Cash in Bank	3,327,316.09
Cash - Vacation Reserve	522,349.93
Petty Cash	500.00
Accounts Receivable	1,958,069.35
Travel Advance	10,419.51
Prepaid Expense	329,421.22
Inventory	1,052,415.42
Net Fixed Assets - Unrestricted	2,590,181.40
Net Fixed Assets - Restricted	<u>9,236,431.72</u>

Total Assets 19,027,104.64

LIABILITIES AND NET ASSETS

Accounts Payable	1,883,875.63
Accrued Expenses	1,631,632.30
Accrued Vacation	911,138.65
Line of Credit	-
Note Payable	2,781,736.49
Advance Payable	22,808.43
Deferred Revenue	<u>916,929.98</u>

Total Liabilities 8,148,121.48

Total Net Assets 10,878,983.16

Total Liabilities and Net Assets 19,027,104.64

STATEMENT OF OPERATIONS (UNAUDITED) FOR THE PERIOD MARCH 1, 2017 TO FEBRUARY 28, 2018

REVENUE

Grant Revenue	56,169,374.05
Donations	185,435.16
Other Revenue	5,739,376.57
In-Kind	<u>7,370,302.73</u>

Total Revenue 69,464,488.51

EXPENDITURES

Salaries	27,957,579.95
Benefits	8,352,458.54
Travel	568,658.09
Space Costs	5,285,050.63
Supplies	2,377,973.59
Consultant/Contract Services	2,262,172.17
Other Costs	2,393,552.96
Program Costs	7,954,516.70
Capital Expenditures	(0.00)
Indirect	5,071,136.24
In-Kind	<u>7,370,302.73</u>

Total Expenditures 69,593,401.60

Net Change in Assets (128,913.09)

Net Assets, beginning 11,007,896.25

Net Assets, ending 10,878,983.16

Community Action of Partnership of Kern Agency Total

STATEMENT OF POSITION (UNAUDITED) AS OF JULY 31, 2018

ASSETS

Cash in Bank	3,569,306.98
Cash - Vacation Reserve	482,191.40
Petty Cash	500.00
Accounts Receivable	14,035,449.66
Travel Advance	31,545.47
Prepaid Expense	518,146.52
Inventory	1,113,158.13
Net Fixed Assets - Unrestricted	2,471,082.45
Net Fixed Assets - Restricted	<u>9,236,431.72</u>

Total Assets 31,457,812.33

LIABILITIES AND NET ASSETS

Accounts Payable	761,445.41
Accrued Expenses	439,942.18
Accrued Vacation	470,878.79
Line of Credit	-
Note Payable	2,662,637.54
Advance Payable	393,726.00
Deferred Revenue	<u>16,125,459.68</u>

Total Liabilities 20,854,089.60

Total Net Assets 10,603,722.73

Total Liabilities and Net Assets 31,457,812.33

STATEMENT OF OPERATIONS (UNAUDITED) FOR THE PERIOD JULY 1, 2018 TO JULY 31, 2018

REVENUE

Grant Revenue	18,749,406.13
Donations	84,623.19
Other Revenue	1,787,007.37
In-Kind	<u>813,097.75</u>

Total Revenue 21,434,134.44

EXPENDITURES

Salaries	9,203,632.75
Benefits	3,165,350.61
Travel	224,508.85
Space Costs	1,611,607.39
Supplies	591,331.03
Consultant/Contract Services	829,439.34
Other Costs	827,919.61
Program Costs	2,578,208.53
Capital Expenditures	25,292.19
Indirect	1,839,006.82
In-Kind	<u>813,097.75</u>

Total Expenditures 21,709,394.87

Net Change in Assets (275,260.43)

Net Assets, beginning 10,878,983.16

Net Assets, ending 10,603,722.73

**COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-18 TO 07-31-18 (41.67%)**

	AGENCY TOTAL			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	\$ 25,995,600	\$ 8,447,430	\$ 17,548,170	32%
BENEFITS	7,979,525	2,955,742	5,023,783	37%
TRAVEL	536,271	223,540	312,731	42%
SPACE COST	3,765,111	1,469,767	2,295,344	39%
SUPPLIES	1,796,041	549,487	1,246,554	31%
EQUIPMENT	211,038	24,898	186,140	12%
CONSULTANT/CONTRACT SERVICES	954,462	496,277	458,185	52%
OTHER COSTS	2,259,160	766,837	1,492,323	34%
PROGRAM COSTS	9,151,790	2,583,181	6,568,609	28%
INDIRECT	5,059,589	1,709,038	3,350,551	34%
TOTAL	\$ 57,708,587	\$ 19,226,198	\$ 38,482,389	33%

**COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-18 TO 07-31-18 (41.67%)**

	EDUCATION			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	\$ 20,001,314	\$ 6,416,701	\$ 13,584,613	32%
BENEFITS	6,306,887	2,316,518	3,990,369	37%
TRAVEL	323,189	130,524	192,665	40%
SPACE COST	2,763,629	1,041,375	1,722,254	38%
SUPPLIES	1,391,790	428,111	963,679	31%
EQUIPMENT	113,310	17,628	95,682	16%
CONSULTANT/CONTRACT SERVICES	697,686	263,166	434,520	38%
OTHER COSTS	1,273,028	438,568	834,460	34%
PROGRAM COSTS	6,935,676	2,092,143	4,843,533	30%
INDIRECT	3,489,828	1,279,285	2,210,543	37%
TOTAL	\$ 43,296,337	\$ 14,424,019	\$ 28,872,318	33%

**COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-18 TO 07-31-18 (41.67%)**

	NUTRITION			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	\$ 3,431,870	\$ 1,058,100	\$ 2,373,770	31%
BENEFITS	981,090	331,097	649,993	34%
TRAVEL	106,391	45,496	60,895	43%
SPACE COST	576,555	219,533	357,022	38%
SUPPLIES	214,757	83,245	131,512	39%
EQUIPMENT	97,728	7,271	90,457	7%
CONSULTANT/CONTRACT SERVICES	11,300	1,374	9,926	12%
OTHER COSTS	310,015	111,285	198,730	36%
PROGRAM COSTS	1,235,539	288,550	946,989	23%
INDIRECT	604,331	207,104	397,227	34%
TOTAL	\$ 7,569,576	\$ 2,353,055	\$ 5,216,521	31%

**COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-18 TO 07-31-18 (41.67%)**

	ENERGY CONSERVATION			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	\$ 1,300,000	\$ 510,511	\$ 789,489	39%
BENEFITS	377,000	153,310	223,690	41%
TRAVEL	60,000	33,707	26,293	56%
SPACE COST	200,000	86,227	113,773	43%
SUPPLIES	140,000	24,526	115,474	18%
EQUIPMENT	0	-	0	0%
CONSULTANT/CONTRACT SERVICES	200,000	223,494	(23,494)	112%
OTHER COSTS	535,000	160,566	374,434	30%
PROGRAM COSTS	950,000	189,234	760,766	20%
INDIRECT	376,200	138,158	238,042	37%
TOTAL	\$ 4,138,200	\$ 1,519,733	\$ 2,618,467	37%

**COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-18 TO 07-31-18 (41.67%)**

	COMMUNITY SERVICES			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	\$ 652,004	\$ 214,973	\$ 437,031	33%
BENEFITS	150,654	66,539	84,115	44%
TRAVEL	32,701	12,586	20,115	38%
SPACE COST	102,402	97,546	4,856	95%
SUPPLIES	25,419	7,823	17,596	31%
EQUIPMENT	0	-	0	0%
CONSULTANT/CONTRACT SERVICES	43,226	7,946	35,280	18%
OTHER COSTS	66,152	21,033	45,119	32%
PROGRAM COSTS	20,025	8,013	12,012	40%
INDIRECT	101,673	43,646	58,027	43%
TOTAL	\$ 1,194,256	\$ 480,104	\$ 714,152	40%

**COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-18 TO 07-31-18 (41.67%)**

	CSBG			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	\$ 606,412	\$ 244,643	\$ 361,769	40%
BENEFITS	163,069	87,930	75,139	54%
TRAVEL	13,990	1,227	12,763	9%
SPACE COST	118,325	25,053	93,272	21%
SUPPLIES	21,875	3,648	18,227	17%
EQUIPMENT	0	-	0	0%
CONSULTANT/CONTRACT SERVICES	2,250	297	1,953	13%
OTHER COSTS	48,705	13,122	35,583	27%
PROGRAM COSTS	10,550	2,525	8,025	24%
INDIRECT	484,007	37,845	446,162	8%
TOTAL	\$ 1,469,183	\$ 416,291	\$ 1,052,892	28%

**COMMUNITY ACTION PARTNERSHIP OF KERN
BUDGET TO ACTUAL
FOR THE PERIOD 03-01-18 TO 07-31-18 (41.67%)**

	DISCRETIONARY & FUND RAISING			
	ANNUAL BUDGET	EXPENDITURES	BUDGET AVAILABLE	PERCENTAGE EXPENDED
EXPENDITURES				
SALARIES	\$ 4,000	\$ 2,501	\$ 1,499	63%
BENEFITS	825	348	477	42%
TRAVEL	0	-	0	0%
SPACE COST	4,200	32	4,168	1%
SUPPLIES	2,200	2,133	67	97%
EQUIPMENT	0	-	0	0%
CONSULTANT/CONTRACT SERVICES	0	-	0	0%
OTHER COSTS	26,260	22,265	3,995	85%
PROGRAM COSTS	0	2,717	(2,717)	Not budgeted
INDIRECT	3,550	3,000	550	85%
TOTAL	\$ 41,035	\$ 32,996	\$ 8,039	80%

COMMUNITY ACTION PARTNERSHIP OF KERN
INDIRECT FUND - FY 2018/19
BUDGET TO ACTUAL - 3/1/18 TO 2/28/19 (5 OF 12 MONTHS = 41.67%)

	Budget	Actual	% Earned/ Expended	Available Balance
Revenue	\$ 5,059,589	\$ 1,709,038	33.8%	\$ 3,350,551
Expenditures				
Salaries	2,820,260	906,756	32.2%	1,913,504
Benefits @ 24.11% actual	<u>674,091</u>	<u>215,899</u>	<u>32.0%</u>	<u>458,192</u>
Total Personnel Costs	3,494,351	1,122,656	32.1%	2,371,695
Operating Costs				
Travel	90,750	14,025	15.5%	76,725
Space Costs	187,900	67,670	36.0%	120,230
Supplies	138,400	37,172	26.9%	101,228
Consultant/Contract	630,725	299,723	47.5%	331,003
Other Operating Costs	<u>363,950</u>	<u>88,739</u>	<u>24.4%</u>	<u>275,211</u>
Total Operating Costs	1,411,725	507,329	35.9%	904,396
Total Expenditures	<u>\$ 4,906,076</u>	<u>\$ 1,629,985</u>	<u>33.2%</u>	<u>\$ 3,276,091</u>
Excess Indirect Revenue	<u>\$ 153,513</u>	<u>\$ 79,053</u>		

RECAP BY SUPPORT DIVISION	Revised Budget	Actual	% Expended	Available Balance
HR	\$ 1,223,465	\$ 377,900	30.9%	\$ 845,565
Operations	1,394,366	505,366	36.2%	889,000
Executive	536,935	196,727	36.6%	340,208
Community Development	704,410	197,694	28.1%	506,716
Finance	<u>1,046,900</u>	<u>352,298</u>	<u>33.7%</u>	<u>694,602</u>
	<u>\$ 4,906,076</u>	<u>\$ 1,629,985</u>	<u>33.2%</u>	<u>\$ 3,276,091</u>

Prepared Date: 8/10/18