



DATE	September 24, 2021
TIME	12:00 pm
LOCATION	Teams Meeting / 5005 Business Park North Bakersfield, CA 93309
TEAMS LINK	Click here to join the meeting
PHONE NUMBER	(213) 204-2374 / ID: 474 928 445#

Board of Directors Meeting Agenda

Per Governor's Executive Order N-25-20, Meeting to be held via Tele-Conference. Members of the public may join the tele-conference or listen to the call from the CAPK office at 5005 Business Park North, Bakersfield, CA 93309

I. Call to Order

a. Roll Call

Kevin Burton (Chair)	Ariana Joven	Michele Shain
Michael Bowers	Chase Nunneley	Megan Silva
Don Bynum	Gina Pettit	Chei Whitmore
Nila Hogan	Fred Plane	

II. Public Comments

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

III. Consent Agenda

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

a. Minutes of August 27, 2021 Board of Directors Meeting – **Action Item (p. 3-5)**

IV. New Business

- | | |
|--|---|
| a. CAPK Food Bank Presentation – Info Item (p. 6-20) | Carrie Farwell, Food Bank Administrator |
| b. Food Bank Workgroup Update – Info Item (p. 21-36) | Pritika Ram, Director of Administration |
| 1. Community Engagement & Planning | |
| 2. Fundraising | |
| c. Director of Development Recruitment Update – Info Item (p. 37) | Pritika Ram, Director of Administration |
| d. Form 1023 Legal Filing – Info Item (p. 38-78) | Pritika Ram, Director of Administration |

V. Board Member Comments

VI. Next Scheduled Meeting

Board of Directors Meeting
12:00 pm
Friday, October 29, 2021
5005 Business Park North
Bakersfield, CA 93309

VII. Adjournment

This is to certify that this Agenda Notice was posted in the lobby of the CAPK Administrative Office at 5005 Business Park North, Bakersfield, CA and online at www.capk.org by 12:00 pm, September 21, 2021. Paula Daoutis, Administrative Coordinator.



DATE	August 27, 2021
TIME	12:00 pm
LOCATION	Teams Meeting / 5005 Business Park North Bakersfield, CA 93309
TEAMS LINK	Click here to join the meeting
PHONE NUMBER	(213) 204-2374 / ID: 381 498 040#

COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION

Board of Directors Meeting Minutes

I. Call to Order

In the absence of the Board Chair and Vice Chair, Pritika Ram, Director of Administration, called the meeting to order at 12:05 pm via Tele-Conference with opportunity for the public to join at the Community Action Partnership of Kern Administrative Building, located at 5005 Business Park North, Bakersfield, CA.

a. Roll Call

Roll Call was taken with a quorum present:

Present: Michael Bowers, Nila Hogan, Ariana Joven, Chase Nunneley, Gina Pettit, Fred Plane, Megan Silva, Michele Shain Chei Whitmore

Absent: Kevin Burton, Don Bynum, Ariana Joven

Others Present: Jeremy Tobias, Chief Executive Officer; Lorraine Casillas, Director of Finance; Yolanda Gonzales, Director of Head Start / State Child Development; Traco Matthews, Chief Program Manager; Pritika Ram, Director of Administration; Emilio Wagner, Director of Operations; Tracy Webster, Chief Financial Officer; other CAPK staff

II. Public Comments

No one addressed the Board.

III. Consent Agenda

Motion was made and seconded to approve all items on the Consent Agenda. Carried by unanimous vote (Bowers/Nunneley).

IV. Regular Business

a. Personnel Update: Director of Development Recruitment – Pritika Ram, Director of Administration – ***Info Item***

Pritika Ram advised the Board that staff has engaged a Recruitment firm to complement CAPK's recruitment efforts to secure a suitable candidate for the Director of Development position, and it is expected interviews will commence in September.

b. Board Engagement 6-Month Interview Check-In – Pritika Ram, Director of Administration – ***Info Item***

Pritika Ram provided feedback from the one-on-one check-in meetings that took place, with 10 of 11 board members participating. The goal was to learn more about the board members, their thoughts about their time served on the Foundation Board and their feedback. The majority felt that virtual meetings are hindering board engagement. Pritika advised the members that in-person meetings will commence as soon as it is safe to do so.

c. Community Action Partnership of Kern Presentation – Pritika Ram, Director of Administration – ***Info Item***

Pritika Ram gave a presentation about CAPK that highlighted the major programs and services provided by CAPK. Chase Nunneley asked for the slides to be shared with the Board.

Michael Bowers asked for the percentage of restricted funds vs. unrestricted funds and asked about CAPK's expansion into other counties.

Jeremy Tobias replied that about 98% of CAPK's budget is restricted funds and stated the Foundation was formed to help supplement unrestricted funds. Jeremy said that 100% of funds raised by the Foundation will remain in Kern County and suggested having a Board Resolution or Policy Statement to address this issue so that it is understood that all funds raised will remain in Kern County.

Michael Bowers asked about the housing piece and asked if CAPK is looking to collaborate with the Housing Authority. Jeremy Tobias responded and said that Affordable Housing is a new program that CAPK is investigating and confirmed that staff is looking at opportunities to collaborate with others such as Housing Authority, as well as stand-alone options.

d. Food Bank Capital Campaign Update – Info Item

- Construction Update – Emilio Wagner, Director of Operations

Emilio Wagner said that the plan review came back from the City of Bakersfield with some required improvements to the sidewalks and street widening. Staff will meet with the City next week to inquire about holding off on those improvements until the following year due to the additional cost and impact on the construction budget. We are currently at 50% construction document phase and will be requesting bids for the metal buildings. We have learned that many manufacturers have an extremely long wait times due to the availability of materials, which will push back the completion date to June 2022. After the building is erected, the remaining improvements to the current Food Bank will be completed by September 2022 and we are tentatively scheduled to break ground in November 2021.

- Funding Update – Lisa McKay, Senior Development Specialist

Lisa McKay provided updates on the status of funding and stated the Capital Campaign budget is set at \$10 million and provided a breakdown of the funds received and/or committed, leaving \$7.5 million to be raised. Lisa also highlighted three very large funding opportunities that are pending from the House Appropriations Subcommittee on Transportation, Housing, and Urban Development under the Economic Development Initiative requested by Congressman Valadao; the CDSS Food Capacity Enhancement; and a New Market Tax Credit. The pending funds will likely not

be committed or awarded until later this year so given the uncertainty of those funds, it leaves a range of \$2.1 million to \$7.5 million to be raised.

Michael Bowers asked about possibility of naming rights and the price point. Lisa McKay said those options are open for discussion. Pritika Ram confirmed that staff is in discussions with a local partner who is interested in naming rights at roughly \$4 million, with the request to co-name the fleet for co-branding purposes. Pritika also confirmed that she will set up smaller meeting with Board Members that are interested in actively raising funds.

- Community Engagement Plan – Pritika Ram, Director of Administration

Pritika said that due to the delayed groundbreaking, she wants to initiate an ad-hoc committee to focus on community engagement. An email will be sent to the Board to determine interest to help with fundraising or to help support the community engagement efforts in collaboration with the CAPK staff.

VII. Board Member Comments

- Michael Bowers asked about the visit with Congressman Valadao. Pritika said the visit went very well when the Congressman and his staff visited the Food Bank. Jeremy Tobias said funding that what used to be known as “earmarks”, is back and are being done in a more stringent way. The Congressman was bombarded with requests, but picked the Food Bank as one of his projects to submit because of the high need in the community.

VIII. Next Scheduled Meeting

Board of Directors Meeting
12:00 pm
Friday, September 24, 2021
5005 Business Park North
Bakersfield, CA 93309

IX. Adjournment

The meeting was adjourned at 1:05 pm

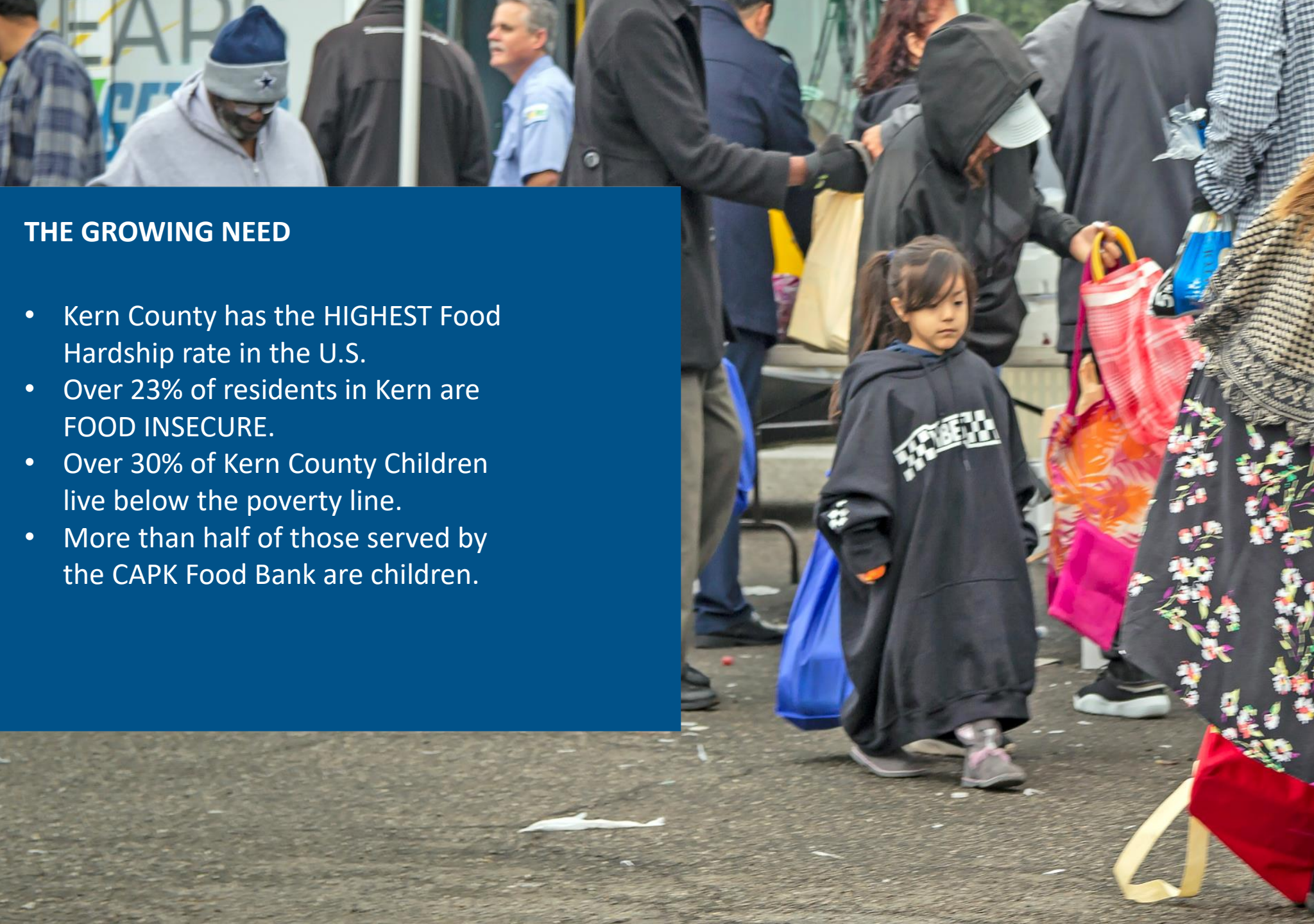


Helping People... Changing Lives.



Food Bank

- The Food Bank acquires food and other resources to help alleviate hunger for economically disadvantaged individuals and families in Kern County.
- 2.8 million pounds of food were distributed each month through partner distribution sites in 2020.



THE GROWING NEED

- Kern County has the HIGHEST Food Hardship rate in the U.S.
- Over 23% of residents in Kern are FOOD INSECURE.
- Over 30% of Kern County Children live below the poverty line.
- More than half of those served by the CAPK Food Bank are children.



COMMUNITY ACTION PARTNERSHIP OF KERN
FOOD BANK
"Because no one should go hungry"



Food Bank Programs:

Emergency Food Assistance Program (EFAP)

Distributing government purchased food throughout Kern County, which is government purchased food.

Pantry Food Program

Distributing non- government food sites that were donated through food drives, by local businesses, and the community.

Senior Food Program

Provides low-income seniors with a box of healthy food items such as milk, cereal, protein, fruits and vegetables.

Farmerworkers Access to Food Initiative (FAFI)

Snack Attack

Provides healthy foods to after school programs.

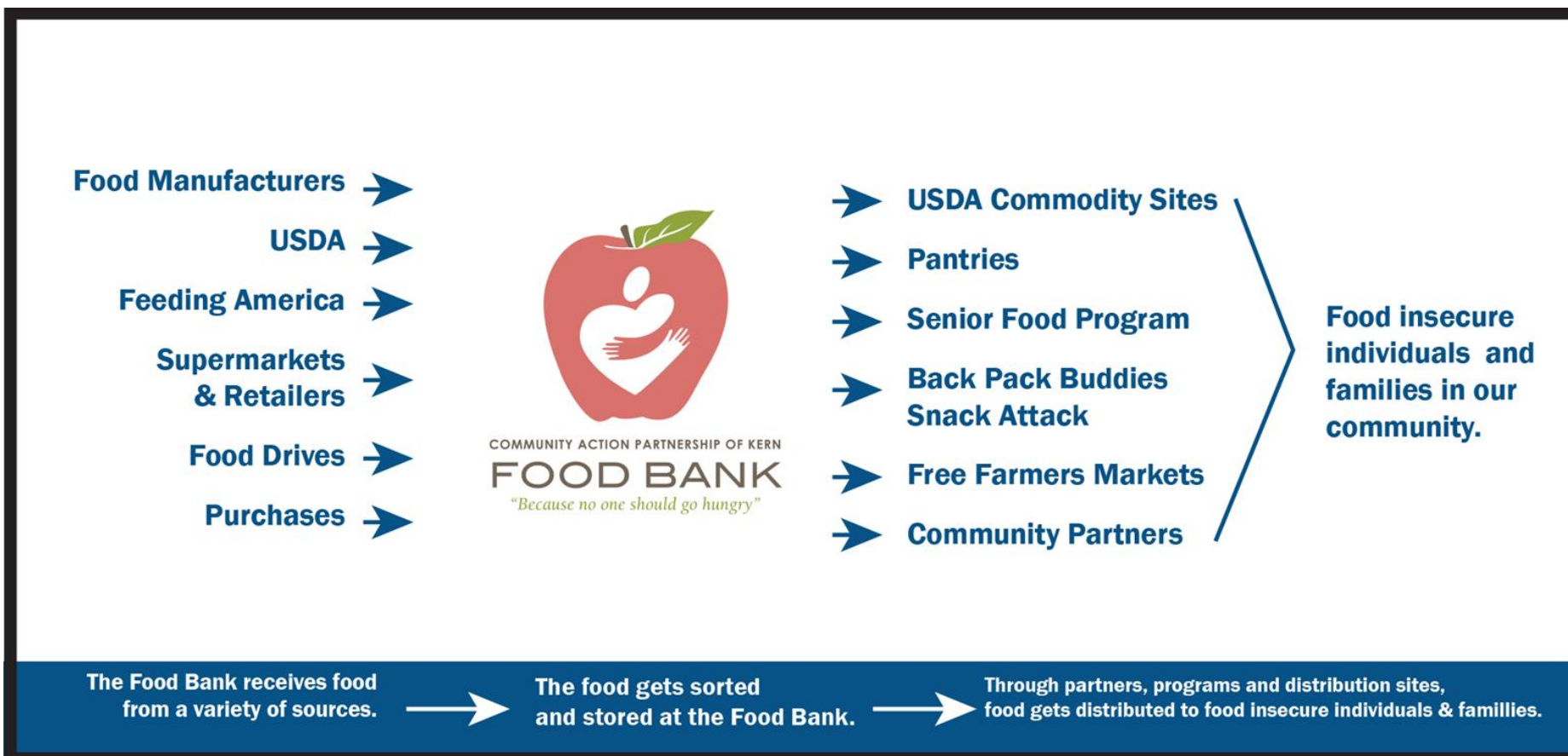
Free Farmers Markets

Provides healthy, fresh produce and available food items to low-income residents at no cost.



FOOD BANK DISTRIBUTION SYSTEM

28,658,996 pounds distributed by the CAPK Food Bank in 2020!



Our Reach



The CAPK Food Bank provides food assistance to low-income children, families and individuals thanks to our network of **194 distribution** commodities and food pantry sites, which are spread throughout Kern County's 8,200 square miles.

For locations and times of sites, **Dial**



CAPK Food Distributions Calendar

in progress

- You can visit the CAPK website to view our monthly distribution schedule:

capk.org/programs/food-bank

Food Distributions						
Today	August 2021	Print	Week	Month	Agenda	
Sun	Mon	Tue	Wed	Thu	Fri	Sat
Aug 1	2	3	4	5	6	7
	8am Catholic Chariti	8am Catholic Chariti 4pm Wonderful- Los	8am Catholic Chariti 8am New Life- Bake 9am Hope Center 11am Frazier Park	8am Catholic Chariti 10am CENTRO-Bake 12pm Goodness and	8am Catholic Chariti 9am Nuevo Amaneco	9am Cal-City Assem
8	9	10	11	12	13	14
	8am Catholic Chariti	8am Catholic Chariti	8am Catholic Chariti 9am Hope Center 9am Iglesia-Bakersfi 12pm Twin Oaks	8am Catholic Chariti 9am Inyokern	8am Catholic Chariti 9am Boron 9am Rosamond 10:30am Maricopa +2 more	9am Dream Center 9am Joy Church
15	16	17	18	19	20	21
	8am Catholic Chariti 9am Isaiah's 9am Living World 9am Taft 11am CSUB	8am Catholic Chariti 10am Tehachapi	8am Catholic Chariti 8am Oildale 8am San Clemente 8am New Life- Bake +2 more	8am Catholic Chariti 8am Arvin 8am Ridgecrest	8am Catholic Chariti 9am Lamont 10am Christ Cathedr 11am Lost Hills 12pm Buttonwillow	12pm Family-McFarl
22	23	24	25	26	27	28
	8am Catholic Chariti 8am Mt. Mesa 10am Lake Isabella 10am Wofford Heigh	8am Catholic Chariti 9am Delano Memori 9am McFarland 9am Delano Rotary 9am Delano Commu	8am Catholic Chariti 9am Friendship 9am Hope Center 11am Laborers-Taft 4pm Apple Core	8am Catholic Chariti 10am Wasco	8am Catholic Chariti 9am Self Help	9am Discovery Bake
29	30	31	Sep 1	2	3	4
	8am Catholic Chariti	8am Catholic Chariti	8am Catholic Chariti 8am New Life- Bake 9am Hope Center 11am Frazier Park	8am Catholic Chariti 10am CENTRO-Bake 12pm Goodness and	8am Catholic Chariti 9am Nuevo Amaneco	9am Cal-City Assem
Events shown in time zone: Pacific Time - Los Angeles						
+ GoogleCalendar						

COVID-19 Relief



CAPK Food Bank provides food assistance during COVID-19 to High School emergency food drives, and pantries throughout Kern County.

Boxes served

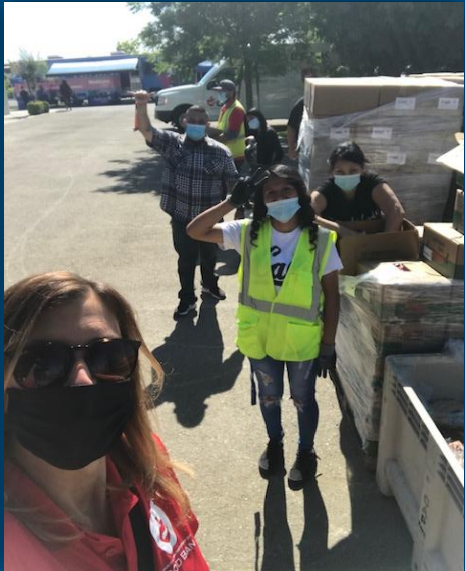
691,725

We ♥ our Volunteers



The CAPK Food Bank relies heavily on volunteers. During COVID and the “lock down,” the only reason way we were able to receive, package, and distribute food for the community was because of the support of AmeriCorps volunteers.

Senior Food Program



Commodity Supplemental Food Program (CSFP)

Distributing government purchased food at 43 sites to 4,800 seniors, age 60 years and up.

Provides low-income seniors with a box of healthy food items such as milk, cereal, protein, fruits and vegetables.

2020- 1,945,486 pounds



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FAFI



The Food for Farmworkers Initiative (FAFI)

CAPK Food Bank has launched a new program in partnership with California Association of Food Banks. FAFI was established specifically to provide food resources for California essential farm and agriculture workers.

2021

16,671 Farmworkers

718,437 Pounds



Farmers Market

Provides healthy, fresh produce and available food items to low-income residents at no cost.



2020
26,630 Individuals
211,500 Pounds

EVENTS

Stuff the Bus - GET
Feed the Need – KC Fair
KGET Holiday Food Drive
Stamp Out Hunger -
USPS



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FOOD BANK

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Community Action Partnership of Kern needs your support!



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- **Volunteer**

CAPK has volunteer opportunities at the Food Bank!

- **Make a Donation**

Support CAPK Food Bank financially & make a big difference in our community. Donations are tax deductible and support people during their most challenging times.

- Create an individual /team/ organization fundraiser
- Hold a food drive and sign-up at www.capk.org





Thank You

CARRIE FARWELL
PROGRAM ADMINISTRATOR
cfarwell@capk.org
661-498-7827 xt 1306



/capkfoodbank



MEMORANDUM

To: Board of Directors
Pritika Ram

From: Pritika Ram, Director of Administrator

Date: September 24, 2021

Subject: *Agenda Item IV(b):* Food Bank Workgroups and Funding Update – **Info Item**

As the groundbreaking date for the Food Bank approaches, the following workgroups have been established to help support the kick-off to construction and identify funds to reach our capital campaign goal.

The Community Engagement and Planning workgroup will focus on community and information sharing on the Food Bank Capital Expansion, which takes various forms:

- Creating a schedule and communication plan.
- Building a webpage dedicated to the build-out and live camera.
- Hosting community and stakeholders' on-site meetings to discuss the build-out and milestones.
- Flyers and mailers to residents and businesses.
- Planning the ground-breaking, including preparing the agenda for presenters and major donors.
- Plan events throughout construction and post-construction.

The Food Bank Fundraising workgroup will help support the fund development for the capital campaign through targeted outreach and determining strategies for top prospects. Based on recent funding developments, slide 11 "Projected Funding Status" in the enclosed presentation outlines the Food Bank capital funding balance.

Both workgroups will bring an opportunity to introduce the CAPK Foundation through this project and increase visibility for CAPK and the Food Bank.

Attachment:

CAPK Food Bank Capital Campaign presentation



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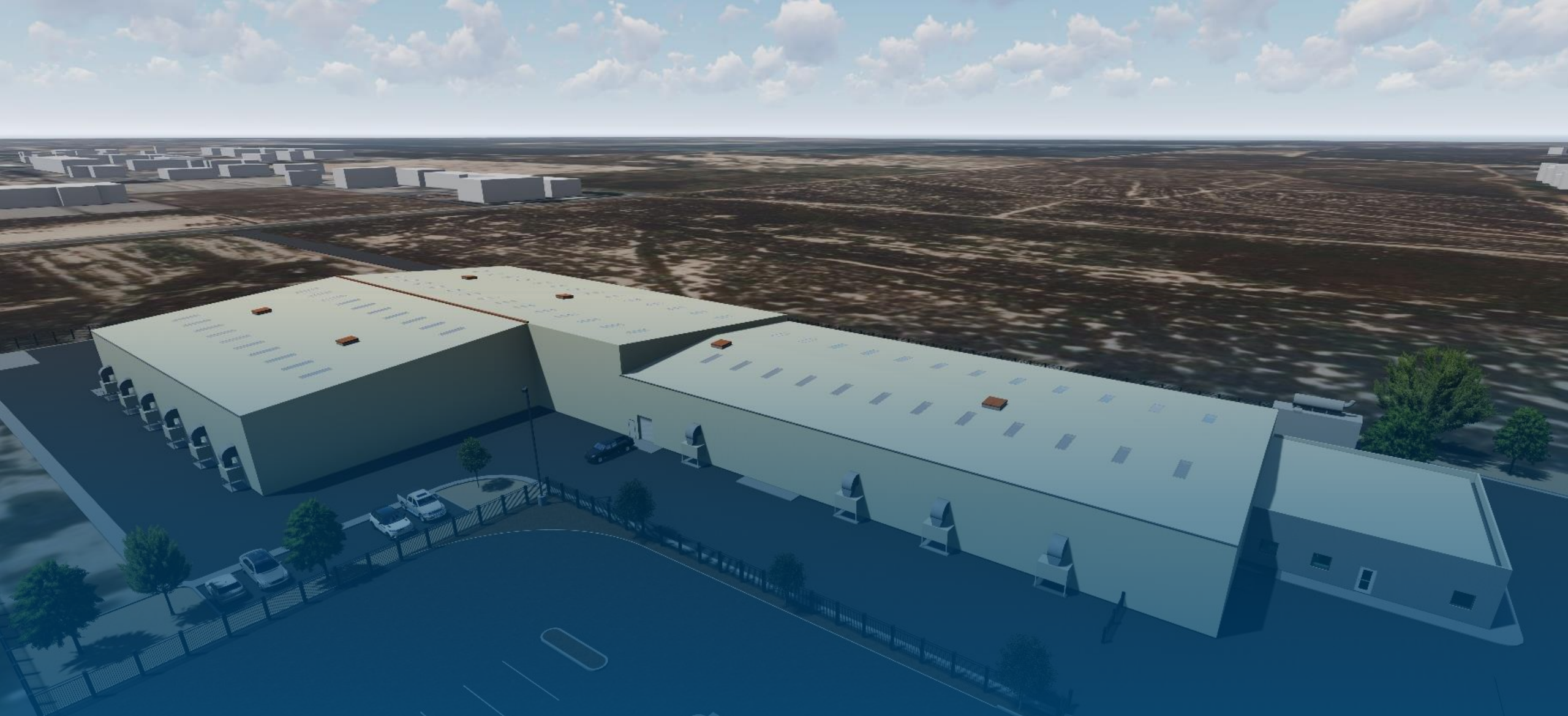
Food Bank Capital Expansion

- Expansion Details
- Community Impact
- Expansion Plan Timeline & Budget
- Partnership Opportunities

September 2021



COMMUNITY ACTION PARTNERSHIP OF KERN
FOOD BANK
“Because no one should go hungry”



Expansion Details

Expansion and Improvement

Current Facility

- 20,000 total square feet
- 2 Loading Docks
- 21,708 CU. FT. Freezer space
- 19,400 CU. FT. Refrigerated space

New Facility

- 60,000 Total Square Feet
- 6 Loading Docks
- 41,108 CU. FT. Freezer space
- 38,000 CU. FT. Refrigerated space

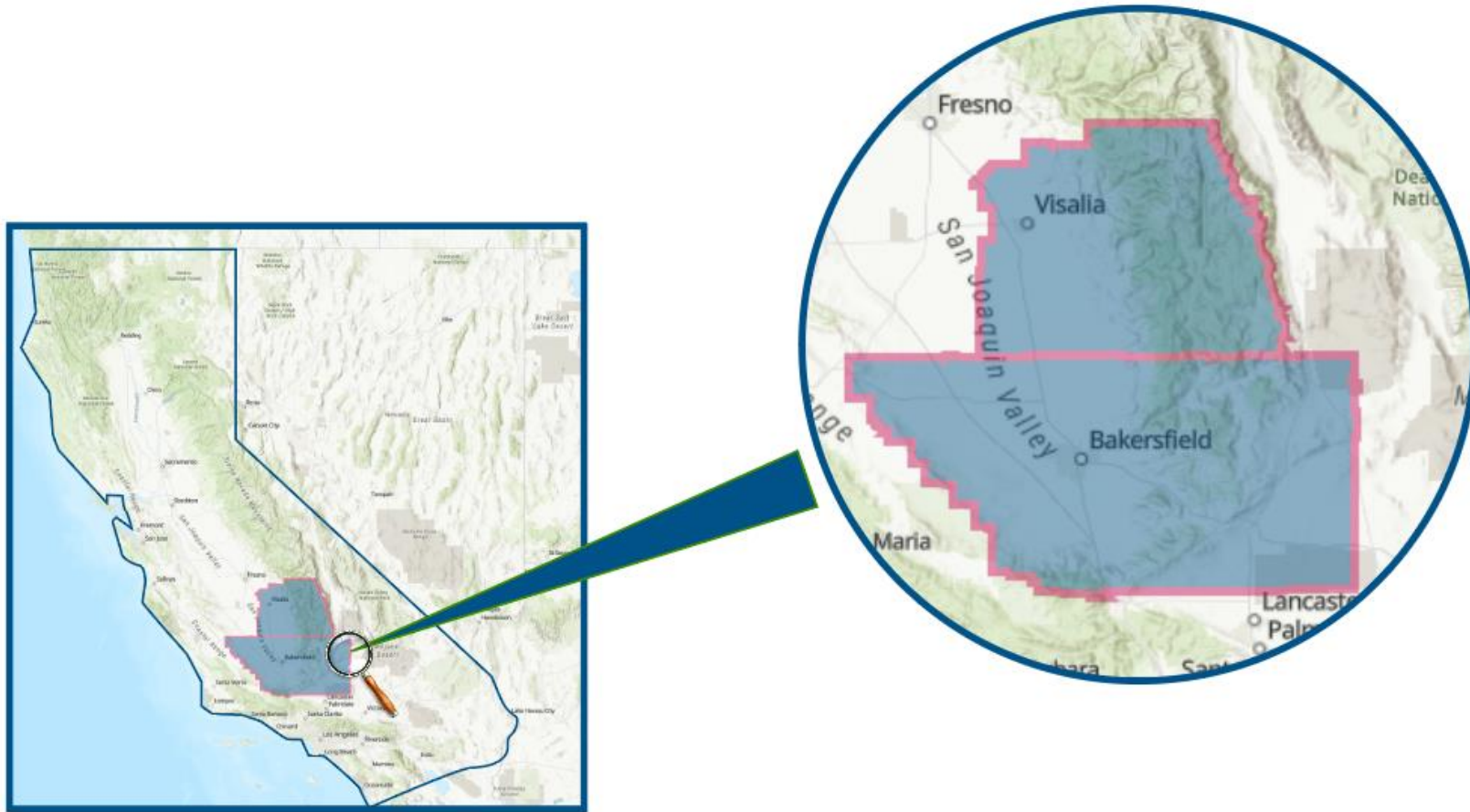
Enhancements

- Evaporative Coolers
- Solar and LED Lighting
- Multi-purpose Room
- Increased Office Space & Restroom Facilities





Community Impact



CAPK Food Bank Service Area



This expansion will increase the Food Bank's capacity and efficiency to store and distribute millions of pounds of food each year to Bakersfield and Kern County low-income and vulnerable residents.

Total Client Interactions (includes duplicate / multiple interactions)

- 40% Increase to 840,000 client interactions
- Currently serving estimated 600,000 client interactions
- Reach estimated 240,000 additional client interactions

Enhanced Capacity

- Emergency Staging Area and Response
- Additional Loading Docks – PPE and other non-consumables
- Additional Freezer and Refrigeration – protein, fresh produce and other perishable foods
- Fresh Rescue Plan – a program which “rescues” fresh foods from supermarkets and farmers in order to prevent waste and reduce greenhouse gas emissions.

Economic Development

- Adding 15-20 new jobs, permanent with benefits
- Job Training through community partnerships
- Volunteer Opportunities
- Enhancing Southeast Bakersfield Neighborhood
 - Side walks
 - Street-lights
 - Development of empty parcel



Expansion Plan Timeline & Budget

Construction Timeline



Groundbreaking

• November 2021

Construction Begins

• December 2021

Project Completion

• Fall 2022

Expansion Plan Budget

Food Bank Capital Expansion Project
\$10 million project

Site Development & Building \$6,200,000

Pallet Racks & Loading Docks \$200,000

Walk-in Refrigerator \$1,000,000

Solar Panels \$600,000

Operational Costs \$2,000,000



FUNDING TRACKER

**\$10,000,000
GOAL**

25% COMMITTED

CAPK \$234,000
Kern County CDBG \$916,586
City of Bakersfield CDBG \$1,200,000
Cal Water \$50,000
Online Donations \$37,000

**TOTAL COMMITTED \$2,400,000
REMAINDER \$7,600,000**

PENDING

House Subcommittee \$3,000,000
(Pending Senate Approval, likely in December)

Department of Social Services \$4,859,606
(Pending Food Bank Capacity Program SFY 2021-22)

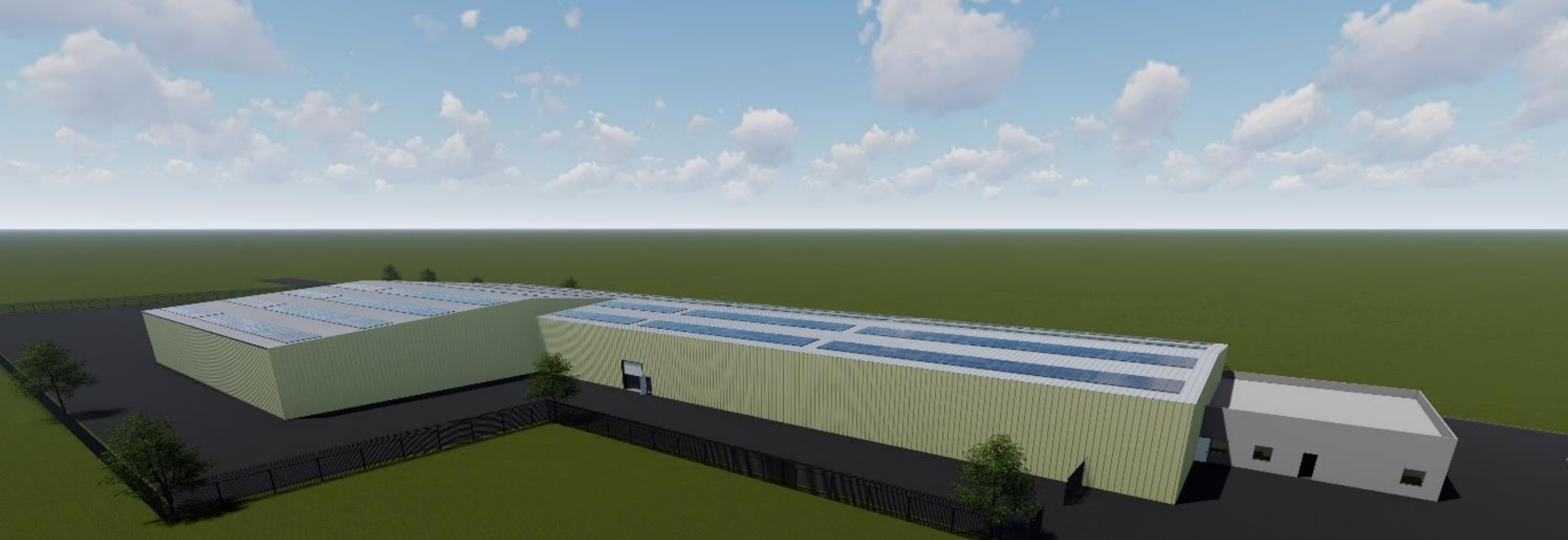
Private Donor - TBD

**\$2,400,000
COMMITTED**

Projected Funding Status



Partnership Opportunities



HARVESTING... A HELPING HAND

Recognition Opportunities

- Food Bank Campus & Fleet Co-Branding.....\$5,000,000
- Education Center/Volunteer Hub...\$2,500,000
- Energy Efficiency Package.....\$1,600,000
- Loading Docks (6).....\$500,000

HARVESTING HOPE

Tree of Hope Recognition

Apple Plaque.....	\$200,000
Large Gold Leaf.....	\$100,000
Large Silver Leaf.....	\$50,000
Large Bronze Leaf.....	\$25,000
Small Gold Leaf.....	\$20,000
Small Silver Leaf.....	\$10,000
Small Bronze Leaf.....	\$5,000





**Helping People...
Changing Lives.**



MEMORANDUM

To: Board of Directors
Pritika Ram

From: Pritika Ram, Director of Administrator

Date: September 24, 2021

Subject: *Agenda Item IV(c)*: Director of Development Recruitment Update – **Info Item**

During the July 2021 Executive Committee meeting for the Foundation and the CAPK Governing Board meeting, staff received authorization to begin the recruitment for the CAPK Foundation Director of Development position. The decision to bypass recruitment of the Associate Director of Development and recruit for the Director of Development was to expand the pool of qualified and experienced candidates to take lead of the Foundation.

The interview ad hoc committee is comprised of the Board Chairman and Vice Chairwomen, including staff. Our engagement period with the recruitment firm, Another Source, is underway along with internal CAPK recruitment. To date, we have received thirty (31) applications via internal recruitment, with two (2) retained for interviews, and through the recruitment firm, we have received four (4) candidates, totaling six (6) qualified candidates. Interviews have been completed for two of the six, and the remaining four (4) will occur later this week.

Staff will continue to keep the Foundation updated on our progress. In the meantime, please share the position with your partners and colleagues.



MEMORANDUM

To: Board of Directors

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

From: Pritika Ram, Director of Administrator

Date: September 24, 2021

Subject: *Agenda Item IV(d)*: Form 1023 Legal Filing – **Info Item**

Through legal counsel, FORM 1023 Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, has been prepared for filing. The significance of the filing outlines the function and business intent of the Foundation, such as the Foundation's activities and the service area of focus, Kern County, CA, referenced on page 4. It also includes our projections on revenue and expenses, as described on page 13. The overarching activities of soliciting donations is to help raise funds to financially assist CAPK programs and clients, and we can become a giving organization, whereas the Foundation can accept and manage donor advised funds, including giving grants to local community-based organizations and scholarships.

Attachment:

DRAFT -- FORM 1023 Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

**Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form1023 for instructions and the latest information.**Note:** If exempt status is approved, this application will be open for public inspection.

Use the "?" buttons throughout this form for help in completing this application. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500.

If you cannot complete required responses within the textbox limits throughout this form, upload your additional narratives with the other required documents.

Part I Identification of Applicant

1a Full Name of Organization (exactly as it appears in your organizing document) COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION				b Care of Name (if applicable)	
c Mailing Address (Number, street and room/suite) 5005 BUSINESS PARK NORTH		d City BAKERSFIELD		e Country UNITED STATES	
f State CALIFORNIA		g Zip Code + 4 93309-1651		h Foreign Province (or State)	
				i Foreign Postal Code	
2 Employer Identification Number 84-1249865		3 Month Tax Year Ends DECEMBER		4 Person to Contact if More Information is Needed (officer, director, trustee, or authorized representative) CHRIS HAMILTON ESQ	
5 Contact Telephone Number 661-395-1000		6 Fax Number (optional) 661-326-0418		7 User Fee Submitted \$600.00	

8 Organization's Website (if available):**9** List the names, titles, and mailing addresses of your officers, directors, and/or trustees.

First Name: JEREMY		Last Name: TOBIAS		Title: PRESIDENT	
Mailing Address: 5005 BUSINESS PARK NORTH		City: BAKERSFIELD			
State (or Province): CALIFORNIA		Zip Code (or Foreign Postal Code): 93309			
First Name: TRACO		Last Name: MATTHEWS		Title: VICE PRESIDENT	
Mailing Address: 5005 BUSINESS PARK NORTH		City: BAKERSFIELD			
State (or Province): CALIFORNIA		Zip Code (or Foreign Postal Code): 93309			
First Name: TRACY		Last Name: WEBSTER		Title: CHIEF FINANCIAL OFFICER	
Mailing Address: 5005 BUSINESS PARK NORTH		City: BAKERSFIELD			
State (or Province): CALIFORNIA		Zip Code (or Foreign Postal Code): 93309			
First Name: PRITIKA		Last Name: RAM		Title: SECRETARY	
Mailing Address: 5005 BUSINESS PARK NORTH		City: BAKERSFIELD			
State (or Province): CALIFORNIA		Zip Code (or Foreign Postal Code): 93309			
First Name: FRED		Last Name: PLANE		Title: DIRECTOR	
Mailing Address: 5005 BUSINESS PARK NORTH		City: BAKERSFIELD			
State (or Province): CALIFORNIA		Zip Code (or Foreign Postal Code): 93309			

☒ Check here to add more officers, directors, and/or trustees.

NILA HOGAN, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 DON BYNUM, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 CHEI WHITMORE, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 KEVIN BURTON, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 GINA PETTIT, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 ARIANA JOVEN, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 CHASE NUNNELEY, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 MEGAN SILVA, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 MICHELE SHAIN, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 MICHAEL BOWERS, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309 FRED PLANE, DIRECTOR, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309

Part II Organizational Structure

- 1** You must be a corporation, limited liability company (LLC), unincorporated association, or trust to be tax exempt.

Select your type of organization.

☒ Corporation

At the end of this form, you must upload a copy of your articles of incorporation (and any amendments) that shows proof of filing with the appropriate state agency.

☐ Limited Liability Company (LLC)

At the end of this form, you must upload a copy of your articles of organization (and any amendments) that shows proof of filing with the appropriate state agency. Also, if you adopted an operating agreement, upload a copy, along with any amendments.

☐ Unincorporated Association

At the end of this form, you must upload a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.

☐ Trust

At the end of this form, you must upload a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.

- 2** Enter the date you formed. (MM/DD/YYYY)

07/29/2020

- 3** Select your state (or U.S. territory) of incorporation or other formation. If you were formed under the laws of a foreign country, select Foreign Country.

California

- 4** Have you adopted bylaws? If "Yes," at the end of this form, upload a current copy showing the date of adoption. If "No," explain how you select your officers, directors, or trustees.

☒ Yes ☐ No

- 5** Are you a successor to another organization?

☐ Yes ☒ No

Answer "Yes" if you have taken or will take over the activities of another organization, you took over 25% or more of the fair market value of the net assets of another organization, or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," complete Schedule G.

Part III Required Provisions in Your Organizing Document

Part III helps ensure that, when you submit this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3).

If you cannot check "Yes" in both Lines 1 and 2, your organizing document does not meet the organizational test. DO NOT file this application until you have amended your organizing document. Remember to upload your original and amended organizing documents at the end of this form.

- 1** Section 501(c)(3) requires that your organizing document limit your purposes to one or more exempt purposes within section 501(c)(3), such as charitable, religious, educational, and/or scientific purposes.

The following is an example of an acceptable purpose clause: The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Does your organizing document meet this requirement?

☒ Yes ☐ No

- 1a** State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph):

PAGE 1, ARTICLE II, PARAGRAPH B

- 2** Section 501(c)(3) requires that your organizing document provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.

The following is an example of an acceptable dissolution clause: Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Does your organizing document meet this requirement?

☒ Yes ☐ No

- 2a** State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph) or indicate that you rely on state law.

PAGE 2, ARTICLE V

Part IV Your Activities

1 Describe completely and in detail your past, present, and planned activities. Do not refer to or repeat the purposes in your organizing document. For each past, present, or planned activity, include information that answers the following questions:

- a. What is the activity?
- b. Who conducts the activity?
- c. Where is the activity conducted?
- d. What percentage of your total time is allocated to the activity?
- e. How is the activity funded (for example, donations, fees, etc.) and what percentage of your overall expenses is allocated to this activity?
- f. How does the activity further your exempt purposes?

A. The sole purpose of CAPK Foundation (Foundation) is to support the programs and services under Community Action Partnership of Kern (CAPK).

As to the fundraising, the Foundation expects to engage in the following activities:

1. Solicit donations directly from private donors.
2. Solicit donations from the general public through campaigns that are yet to be determined.
3. Hold fundraising events such as auctions, dinners, gaming events other events of a nature yet to be determined.
4. Apply for state and federal grants consistent with CAPK's purposes.

Further, the Foundation expects to engage in the following activities in support of CAPK:

1. Meet regularly with CAPK to determine CAPK's financial needs, including existing program financial needs and prospective grant/ scholarship programs that will be funded by the Foundation.
2. Research and determine available potential donors, grants, or other programs and opportunities to raise funds or otherwise help CAPK achieve its exempt purpose.
3. Administer the distribution of Foundation funds to CAPK or directly to scholarship/grant recipients as determined by CAPK.
4. Receive and hold in charitable trust, all forms of property received by the Foundation for the benefit of CAPK.

B. The activities will be conducted by an all-volunteer board of directors and Foundation staff.

C. The Foundation's activity will primarily take place within Kern County unless otherwise directed by CAPK.

D. 100% of the Foundation's time will be donated to the above activities.

E. The Foundation's initial activities will be funded by CAPK, but once fundraising begins, the Foundation expects to fund all of the foregoing activities. It is intended that 100% of the expenses of the Foundation will be allocated to the activities identified herein.

F. The purpose of the Foundation is to support CAPK. CAPK The Foundation will be able to raise unrestricted funds to support programs and services for low to moderate income individuals and families, that CAPK is unable to do on its own. Further, the Foundation will be able to raise funds to provide additional financial support for existing CAPK programs, such as expansion of CAPK's existing food bank program.

Part IV**Your Activities** (continued)

- 2** Enter the 3-character NTEE Code that best describes your activities.

Or check here if you want the IRS to select the NTEE Code that best describes your activities.

☒

- 3** Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes" if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.

☐ Yes☒ No

- 4** Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors? If "Yes," explain how these related individuals are eligible for goods, services, or funds.

☐ Yes☒ No

- 5** Do you or will you support or oppose candidates in political campaigns in any way? If "Yes," explain.

☐ Yes☒ No

- 6** Do you or will you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation.

☐ Yes☒ No

Part IV Your Activities (continued)

- 6a** Did you or will you make an election to have your legislative activities measured by expenditures by filing Form 5768? If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. ☐ Yes ☐ No

- 7** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. ☐ Yes ☒ No

- 8** Do you or will you provide educational information to the general public on budgeting, personal finance, financial literacy, saving and spending practices, the sound use of consumer credit, and/or assist individuals and families with financial problems such as credit card debt and foreclosure by providing them with counseling? If "Yes," explain. ☐ Yes ☒ No

- 9** Do you or will you make grants, loans, or other distributions to organizations? If "Yes," describe the type and purpose of the grants, loans, or distributions, how you select your recipients including submission requirements (such as grant proposals or application forms), and the criteria you use or will use to select recipients. Also describe how you ensure the grants, loans, and other distributions are or will be used for their intended purposes (including whether you require periodic or final reports on the use of funds and any procedures you have if you identify that funds are not being used for their intended purposes). Finally, describe the records you keep with respect to grants, loans, or other distributions you make and identify any recipient organizations and any relationships between you and the recipients. If "No," continue to Line 10. ☒ Yes ☐ No

The Foundation intends to provide grants to organizations who provide services that are aligned with CAPK's exempt purpose, including without limitation, organizations that assist low to moderate income individuals and families. Grant applicants will apply for grants through an application or proposal process that requires applicants to demonstrate their history of providing services related to the grant purpose in a fiscally responsible manner or otherwise demonstrate their ability to do so. The Foundation will review applications and engage as necessary, in their own due diligence to select grant recipients. Grants will be provided subject to written agreements that require grant recipients to provide the Foundation with the ability to audit the use of such grants and otherwise provide the Foundation with financial and programmatic oversight to grant recipients. The Foundation will keep records of grant recipient applications, grant agreements and all audits of grant recipients.

Part IV Your Activities (continued)

- 9a** Do you or will you make grants, loans, or other distributions to organizations that are not recognized by the IRS as tax exempt under section 501(c)(3)? If "Yes," name and/or describe the non-section 501(c)(3) organizations to whom you do or will make distributions and explain how these distributions further your exempt purposes. ☐ Yes ☒ No

- 9b** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," name each foreign organization (if not already provided), the country and region within each country in which each foreign organization operates, any relationship you have with each foreign organization, and whether the foreign organization accepts contributions earmarked for a specific country or organization (if so, specify which countries or organizations). If "No," continue to Line 10. ☐ Yes ☒ No

- 9c** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. ☐ Yes ☐ No

- 9d** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. ☐ Yes ☐ No

- 9e** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including periodic reporting requirements, auditing grantees, site visits by your employees or compliance checks by impartial experts, etc., to verify that grant funds are being used appropriately. ☐ Yes ☐ No

Part IV Your Activities (continued)

9f Do you share board members or other key personnel with the recipient organization(s)? If "Yes," identify the relationships. ☐ Yes ☐ No

9g When you make grants, loans, or other distributions to foreign organizations, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities. ☐ Yes ☐ No

9h Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC? ☐ Yes ☐ No

9i Will you acquire from OFAC the appropriate license and registration where necessary? ☐ Yes ☐ No

10 Do you or will you operate in a foreign country or countries? If "Yes," name each foreign country and region within each country in which you do or will operate and describe your operations in each one. If "No," continue to Line 11. ☐ Yes ☒ No

10a When you conduct activities in foreign countries, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities. ☐ Yes ☐ No

10b Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC? ☐ Yes ☐ No

10c Will you acquire from OFAC the appropriate license and registration where necessary? ☐ Yes ☐ No

Part IV**Your Activities** *(continued)*

- 11** Are you a sponsoring organization that maintains one or more donor advised funds? If yes, please provide a complete description of your program, including the specific advice that such donors may provide. Describe in detail the control you maintain (or will maintain) over the use of the funds. ☐ Yes ☒ No

- 12** Do you or will you operate a school? ☐ Yes ☒ No
If "Yes," complete Schedule B.

- 13** Is your principal purpose or function to provide hospital or medical care? ☐ Yes ☒ No
If "Yes," complete Schedule C.

- 14** Do you or will you provide low-income housing? ☐ Yes ☒ No
If "Yes," complete Schedule F.

- 15** Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? ☒ Yes ☐ No
If "Yes," complete Schedule H - Section I.

- 16** Check any of the following fundraising activities that you will undertake (check all that apply):

- | | |
|--|---|
| ☒ Website, mail, email, personal, and/or phone solicitations | ☒ Foundation grant solicitations |
| ☒ Receive donations from another organization's website | ☒ Government grant solicitations |
| ☒ Bingo | ☒ Other (non-bingo) gaming activities |
| ☒ Other (describe) | |

The Foundation may engage in other forms of fundraising activities, yet to be determined.

☐ We will not engage in fundraising activities.

- 17** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements, including the names or descriptions of the organizations for which you raise funds. ☒ Yes ☐ No

As a supporting organization for CAPK, the Foundation intends to engage in fundraising for the benefit of CAPK, and to manage funds raised for the benefit of CAPK. CAPK is the official anti-poverty agency of Kern County, California, that exists to provide various programs that serve low to moderate income persons, to help them pursue their educational goals, secure and retain employment maintain adequate housing, receive medical services, obtain energy subsidy and weatherization assistance, counteract hunger and malnutrition, provide child care and preschool education, and facilitates personal and family development opportunities to achieve individual and family self sufficiency.

Part V Compensation and Other Financial Arrangements

- 1** Do you or will you compensate officers, directors, or trustees, or do or will you have highest compensated employees, or highest compensated independent contractors? If "No," continue to Line 2. ☐ Yes ☒ No

In establishing compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors:

- 1a** Do or will the individuals that approve compensation arrangements follow a conflict of interest policy? ☐ Yes ☐ No
- 1b** Do or will you approve compensation arrangements in advance of paying compensation? ☐ Yes ☐ No
- 1c** Do or will you document in writing the date and terms of approved compensation arrangements? ☐ Yes ☐ No
- 1d** Do or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☐ Yes ☐ No
- 1e** Do or will you approve compensation arrangements based on information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? ☐ Yes ☐ No
- 1f** Do or will you record in writing both the information on which you relied to base your decision and its source? ☐ Yes ☐ No
- 1g** Do or will you have any other practices you use to set reasonable compensation? If "Yes," describe these practices. ☐ Yes ☐ No

- 2** Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If you are a hospital, answer "Yes" if your conflict of interest policy includes provisions consistent with the additional healthcare related provisions in the sample document. If "No," describe the procedures you will follow to ensure that persons who have a conflict of interest will not have influence over setting their own compensation or regarding business deals with themselves. ☒ Yes ☐ No

- 3** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. ☐ Yes ☒ No

Part V Compensation and Other Financial Arrangements (continued)

- 4 Do you or will you purchase or sell any goods, services, or assets from or to: (i) any of your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest; (iv) your highest compensated employees; or (v) your highest compensated independent contractors? If "Yes," describe any such transactions that you made or intend to make, with whom you make or will make such transactions, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value.

☐ Yes ☒ No

- 5 Do you or will you have any leases, contracts, loans, or other agreements with: (i) your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest; (iv) your highest compensated employees; or (v) your highest compensated independent contractors? If "Yes," describe any written or oral arrangements that you made or intend to make, with whom you have or will have such arrangements, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value.

☐ Yes ☒ No

- 6 Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," describe each facility, the role of the other organization, and any business or family relationship between the organization and your officers, directors, or trustees. Explain how that entity is selected, how the terms of any contract(s) are negotiated at arm's length, and how you determine you will pay no more than fair market value for services.

☐ Yes ☒ No

Part V Compensation and Other Financial Arrangements (continued)

- 7** Does or will someone other than your own employees or volunteers manage your activities or facilities? ☐ Yes ☒ No
- If "Yes," describe the activities or facilities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and any business or family relationship between the organization and your officers, directors, or trustees. Explain how these managers were or will be selected, how the terms of any contracts or other agreements were or will be negotiated, and how you determine you will pay no more than fair market value for services.

- 8** Do you participate in any joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. ☐ Yes ☒ No

Part VI Financial Data

- 1** Select the option that best describes you to determine the years of revenues and expenses you need to provide.
- ☐ You completed less than one tax year.
Provide a total of three years of financial information (including the current year and two future years of reasonable and good faith projections of your future finances) in the following Statement of Revenues and Expenses.
- ☒ You completed at least one tax year but fewer than five.
Provide a total of four years financial information (including the current year and three years of actual financial information or reasonable and good faith projections of your future finances) in the following Statement of Revenues and Expenses.
- ☐ You completed five or more tax years.
Provide financial information for your five most recent tax years (including the current year) in the following Statement of Revenues and Expenses.

Part VI Financial Data (continued)**A. Statement of Revenues and Expenses**

Type of revenue		Current tax year	4 prior tax years or 2 succeeding tax years			
		From: 01/01/2021 To: 12/31/2021	From: 07/01/2020 To: 12/31/2020	From: 01/01/2022 To: 12/31/2022	From: 01/01/2023 To: 12/31/2023	From: 01/01/2024 To: 12/31/2024
1	Gifts, grants, and contributions received (do not include unusual grants)	\$0	\$0	\$500,000	\$650,000	\$750,000
2	Membership fees received	\$0	\$0	\$30,000	\$37,500	\$45,000
3	Gross investment income	\$0	\$0	\$0	\$0	\$0
4	Net unrelated business income	\$0	\$0	\$0	\$0	\$0
5	Taxes levied for your benefit	\$0	\$0	\$0	\$0	\$0
6	Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	\$0	\$0	\$0	\$0	\$0
7	Any revenue not otherwise listed above or in lines 9 - 12 below (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
8	Total of lines 1 through 7	\$0	\$0	\$530,000	\$687,500	\$795,000
9	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
10	Total of lines 8 and 9	\$0	\$0	\$530,000	\$687,500	\$795,000
11	Net gain or loss on sale of capital assets (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
12	Unusual grants (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
13	Total Revenue (add lines 10 through 12)	\$0	\$0	\$530,000	\$687,500	\$795,000
Type of expense		Current tax year	4 prior tax years or 2 succeeding tax years			
14	Fundraising expenses	\$168,462	\$0	\$266,304	\$281,577	\$298,036
15	Contributions, gifts, grants, and similar amounts paid out (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
16	Disbursements to or for the benefit of members (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
17	Compensation of officers, directors, and trustees	\$0	\$0	\$0	\$0	\$0
18	Other salaries and wages	\$0	\$0	\$0	\$0	\$0
19	Interest expense	\$0	\$0	\$0	\$0	\$0
20	Occupancy (rent, utilities, etc.)	\$0	\$0	\$0	\$0	\$0
21	Depreciation and depletion	\$0	\$0	\$0	\$0	\$0
22	Professional fees	\$0	\$0	\$0	\$0	\$0
23	Any expense not otherwise classified, such as program services (provide an itemized list below)	\$0	\$0	\$0	\$0	\$0
24	Total Expenses (add lines 14 through 23)	\$168,462	\$0	\$266,304	\$281,577	\$298,036

25 Itemized financial data

Part VI Financial Data (continued)

B. Balance Sheet (for your most recently completed tax year)		Year End: 12/31/2020
Assets		
1 Cash		\$0
2 Accounts receivable, net		\$0
3 Inventories		\$0
4 Bonds and notes receivable (provide an itemized list below)		\$0
5 Corporate stocks (provide an itemized list below)		\$0
6 Loans receivable (provide an itemized list below)		\$0
7 Other investments (provide an itemized list below)		\$0
8 Depreciable assets (provide an itemized list below)		\$0
9 Land		\$0
10 Other assets (provide an itemized list below)		\$0
11 Total Assets (add lines 1 through 10)		\$0
Liabilities		
12 Accounts payable		\$0
13 Contributions, gifts, grants, etc. payable		\$0
14 Mortgages and notes payable (provide an itemized list below)		\$0
15 Other liabilities (provide an itemized list below)		\$0
16 Total Liabilities (add lines 12 through 15)		\$0
Fund Balances or Net Assets		
17 Total fund balances or net assets		\$0
18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)		\$0

19 Itemized financial data

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Part VII Foundation Classification

Part VII is designed to classify you as an organization that is either a private foundation or a public charity. Public charity classification is a more favorable tax status than private foundation classification. If you are a private foundation, this part will further determine whether you are a private operating foundation.

1 Select the foundation classification you are requesting from the list below.

- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(vi) as an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- ☐ You are described in 509(a)(2) as an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(i) as a church or a convention or association of churches. Complete Schedule A.
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(ii) as a school. Complete Schedule B.
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(iii) as a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete Schedule C.
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(iv) as an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(ix) as an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- ☒ You are described in 509(a)(3) as an organization supporting either one or more organizations described in 509(a)(1) or 509(a)(2) or a publicly supported section 501(c)(4), (5), or (6) organization. Complete Schedule D.
- ☐ You are described in 509(a)(4) as an organization organized and operated exclusively for testing for public safety.
- ☐ You are a publicly supported organization and would like the IRS to decide your correct classification.
- ☐ You are a private foundation.

- 1a** As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check this box to confirm that your organizing document includes these provisions or you rely on state law. ☐

State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph) or state that you rely on state law.

- 1b** Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? ☐ Yes ☐ No
If "Yes," complete Schedule H - Section II.

- 1c** Are you a private operating foundation? ☐ Yes ☐ No

To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations.

Part VII Foundation Classification (continued)

- 1d** Describe how you meet the requirements for private operating foundation status, including how you meet the income test and either the assets test, the endowment test, or the support test. If you've been in existence for less than one year, describe how you are likely to satisfy the requirements for private operating foundation status.

- 2** If you have been in existence more than 5 years, you must confirm your public support status. To confirm your qualification as a public charity described in 509(a)(1) and 170(b)(1)(A)(vi) in existence for five or more tax years, you must have received one-third or more of your total support from governmental agencies, contributions from the general public, and contributions or grants from other public charities; or 10% or more of your total support from governmental agencies, contributions from the general public, and contributions or grants from other public charities and the facts and circumstances indicate you are a publicly supported organization. Calculate whether you meet this support test for your most recent five-year period.

- i. Did you receive contributions from any person, company, or organization whose gifts totaled more than the 2% amount of line 8 in Part VI-A? ☐ Yes ☐ No

If "Yes," identify each person, company, or organization by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

- ii. Based on your calculations, did you receive at least one-third of your support from public sources or did you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization? ☐ Yes ☐ No

- 2a** If you have been in existence more than 5 years, you must confirm your public support status. To confirm your qualification as a public charity described in 509(a)(2) in existence for five or more tax years, you must have normally received more than one-third of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, or a combination of these sources, and not more than one-third of your support from gross investment income and net unrelated business income. Calculate whether you meet this support test for your most recent five-year period.

- i. Did you receive amounts from any disqualified persons? ☐ Yes ☐ No

If "Yes," identify each disqualified person by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

- ii. Did you receive amounts from individuals or organizations other than disqualified persons that exceeded the greater of \$5,000 or 1% of the amount on line 10 of Part VI-A Statement of Revenues and Expenses? ☐ Yes ☐ No

If "Yes," identify each individual or organization by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

- iii. Based on your calculations, did you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income? ☐ Yes ☐ No

Part VIII Effective Date

In general, a determination letter recognizing exemption of an organization described in section 501(c)(3) is effective as of the date of formation of an organization if: (1) its purposes and activities prior to the date of the determination letter have been consistent with the requirements for exemption; and (2) it has filed an application for recognition of exemption within 27 months from the end of the month in which it was organized.

1 Are you submitting this application within 27 months of the end of the month in which you were legally formed?

☒ Yes ☐ No

If "No," complete Schedule E.

Part IX Annual Filing Requirements

If you fail to file a required information return or notice for three consecutive years, your exempt status will be automatically revoked.

1 Certain organizations are not required to file annual information returns or notices (Form 990, Form 990-EZ, or Form 990-N, e-Postcard). If you are granted tax-exemption, are you claiming to be excused from filing Form 990, Form 990-EZ, or Form 990-N?

☐ Yes ☒ No

If "Yes," are you claiming you are excepted from filing because you are:

- ☐ A church or association of churches
- ☐ An integrated auxiliary (such as a men's or women's organization, religious school, mission society, or religious group)
- ☐ A church-affiliated organization (other than a section 509(a)(3) organization) that is exclusively engaged in managing funds or maintaining retirement programs and is described in Revenue Procedure 96-10, 1996-1 C.B. 577
- ☐ A school below college level affiliated with a church or operated by a religious order
- ☐ A mission society (other than a section 509(a)(3) supporting organization) sponsored by, or affiliated with, one or more churches or church denominations, if more than half of the society's activities are conducted in, or directed at, persons in foreign countries
- ☐ An affiliate of a governmental unit that meets the requirements of Revenue Procedure 95-48, 1995-2 C.B. 418 (other than a section 509(a)(3) supporting organization)
- ☐ Other (describe)

Part X Signature

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

PRITIKA RAM

(Type name of signer)

SECRETARY

(Type title or authority of signer)

09/17/2021

(Date)

Upload checklist:

- ☒ Organizing document (and any amendments)
- ☒ Bylaws, if adopted
- ☒ Form 2848, Power of Attorney and Declaration of Representative (if applicable)
- ☐ Form 8821, Tax Information Authorization (if applicable)
- ☐ Supplemental responses (if applicable)
- ☐ Expedited handling request (if applicable)

Schedule A. Churches

- 1** Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," describe your written creed, statement of faith, or summary of beliefs. ☐ Yes ☐ No

- 2** Do you have a literature of your own? If "Yes," describe your literature. ☐ Yes ☐ No

- 3** Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline. ☐ Yes ☐ No

- 4** Describe your religious hierarchy or ecclesiastical government.

- 5** Are you part of a group of churches with similar beliefs and structures? If "Yes," explain. ☐ Yes ☐ No

- 6** Do you have a form of worship? If "Yes," describe your form of worship. ☐ Yes ☐ No

- 7** Do you have regularly scheduled religious services? If "Yes," describe the nature of the services. ☐ Yes ☐ No

- 7a** What is the average attendance at your regularly scheduled religious services?

- 8** Do you have an established place of worship? If "Yes," describe your established place of worship or where you meet to hold regularly scheduled religious services. ☐ Yes ☐ No

Schedule A. Churches (continued)

9 Do you have an established congregation or other regular membership group? If "No," continue to Line 10. ☐ Yes ☐ No

9a How many members do you have?

9b Do you have a process by which an individual becomes a member? If "Yes," describe the process. ☐ Yes ☐ No

9c Do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have. ☐ Yes ☐ No

9d May your members be associated with another denomination or church? ☐ Yes ☐ No

9e Are all of your members part of the same family? ☐ Yes ☐ No

10 Do you conduct baptisms, weddings, funerals, or other religious rites? ☐ Yes ☐ No

11 Do you have a school for the religious instruction of the young? ☐ Yes ☐ No

12 Do you have ministers or religious leaders? If "Yes," describe these roles and explain whether the ministers or religious leaders are ordained, commissioned, or licensed after a prescribed course of study. ☐ Yes ☐ No

13 Do you have schools for the preparation of your ordained ministers or religious leaders? ☐ Yes ☐ No

14 Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure. ☐ Yes ☐ No

15 Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain. ☐ Yes ☐ No

Schedule B. Schools, Colleges, and Universities

1 Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? ☐ Yes ☐ No

2 Is the primary function of your school the presentation of formal instruction? If "No," continue to Line 3. ☐ Yes ☐ No

2a Select the best description(s) of your school:

- ☐ Elementary school
- ☐ Secondary school
- ☐ Charter school
- ☐ College or university
- ☐ Technical school
- ☐ Other school (describe)

3 Are you a public school because you are operated by a state or subdivision of a state or operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B. ☐ Yes ☐ No

4 Were you formed or substantially expanded at the time of public school desegregation in the school district or county in which you are located? ☐ Yes ☐ No

5 Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain. ☐ Yes ☐ No

6 Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain. ☐ Yes ☐ No

Information Required by Revenue Procedure 75-50 as Modified by Revenue Procedure 2019-22

7 Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? ☐ Yes ☐ No

State where the policy is located or if adopted by resolution of your governing body.

8 Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy? If "Yes," continue to Line 9. ☐ Yes ☐ No

8a ☐ By checking this box, you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.

Schedule B. Schools, Colleges, and Universities *(continued)*

- 13** List your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

- 14** Do any of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations, have an objective to maintain segregated public or private school education? If "Yes," explain.

☐ Yes☐ No

- 15** Will you maintain records according to the nondiscrimination provisions contained in Revenue Procedure 75-50? If "No," explain.

☐ Yes☐ No

Schedule C. Hospitals and Medical Research Organizations

- 1** Are you a medical research organization (an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research) operated in conjunction with a hospital? If "No," continue to Line 2. ☐ Yes ☐ No

- 1a** Name the hospitals with which you have a relationship and describe the relationship.

- 1b** List your assets showing their fair market value and the portion of your assets directly devoted to medical research.

Do not complete the remainder of Schedule C.

- 2** Are you applying for exemption as a cooperative hospital service organization described in section 501(e)? ☐ Yes ☐ No
If "Yes," explain.

Do not complete the remainder of Schedule C.

- 3** Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected. ☐ Yes ☐ No

Schedule C. Hospitals and Medical Research Organizations (continued)

- 4** Do or will you provide medical services to all individuals in your community who can pay for themselves or are able to pay through some form of insurance? If "No," explain. ☐ Yes ☐ No

- 5** Do you or will you maintain a full-time emergency room? If "Yes," continue to Line 6. ☐ Yes ☐ No

- 5a** Are you a specialty hospital or would emergency services be duplicative based on your region or locality? ☐ Yes ☐ No

- 6** Do you provide free or below cost services? If "Yes," describe your policy for determining when and to whom you provide these services and how these services promote the organization's benefit to the community. ☐ Yes ☐ No

- 7** Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs. ☐ Yes ☐ No

- 8** Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs. ☐ Yes ☐ No

Schedule C. Hospitals and Medical Research Organizations (continued)

- 9** Is your board of directors composed of a majority of individuals who are representative of the community you serve, or do you operate under a parent organization whose board of directors is composed of a majority of individuals who are representative of the community you serve? If "Yes," continue to Line 10. ☐ Yes ☐ No

- 9a** List each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative. If you operate under a parent organization whose board of directors is not composed of a majority of individuals who are representative of the community you serve, provide the requested information for your parent's board of directors as well.

- 10** Do you operate a facility which is required by a state to be licensed, registered, or similarly recognized as a hospital? If "No," do not complete the rest of Schedule C. ☐ Yes ☐ No

- 10a** Do you conduct a community health needs assessment (CHNA) at least once every three years and adopt an implementation strategy to meet the community health needs identified in the assessment as required by section 501(r)(3)? If "No," explain. ☐ Yes ☐ No

- 10b** Do you have a written financial assistance policy (FAP) and a written policy relating to emergency medical care as required by section 501(r)(4)? If "No," explain. ☐ Yes ☐ No

Schedule C. Hospitals and Medical Research Organizations *(continued)*

10c Do you both (1) limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under your FAP to not more than amounts generally billed to individuals who have insurance covering such care, and (2) prohibit use of gross charges as required by section 501(r)(5)? If "No," explain.

☐ Yes☐ No

10d Do you make reasonable efforts to determine whether an individual is FAP-eligible before engaging in extraordinary collection actions as required by section 501(r)(6)? If "No," explain.

☐ Yes☐ No

Schedule D. Section 509(a)(3) Supporting Organizations**1** List the names, addresses, and EINs of the organizations you support.

COMMUNITY ACTION PARTNERSHIP OF KERN ; 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309; 95-2402760

2 Are all your supported organizations public charities under section 509(a)(1) or (2)? If "Yes," continue to Line 3.☒ Yes☐ No**2a** Are your supported organizations tax exempt under section 501(c)(4), 501(c)(5), or 501(c)(6) and do your supported organizations meet the public support test under section 509(a)(2)? If "No," explain how each organization you support is a public charity under section 509(a)(1) or 509(a)(2).☐ Yes☐ No**3** Which of the following describes your relationship with your supported organization(s)?

☒ A majority of your governing board or officers are elected or appointed by your supported organization(s). (Type I supporting organization)

☐ Your control or management is vested in the same persons who control or manage your supported organization(s). (Type II supporting organization)

☐ One or more of your officers, directors, or trustees are elected or appointed by the officers, directors, trustees, or membership of your supported organization(s), or one or more of your officers, directors, trustees, or other important office holders, are also members of the governing body of your supported organization(s), or your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of your supported organization(s). (Type III supporting organization)

4 Describe how your governing board and officers are selected. If you are a Type III organization, also describe how your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of your supported organization(s).

EACH BOARD MEMBER IS SELECTED BY THE SOLE MEMBER WHO IS THE SUPPORTED ORGANIZATION, CAPK. THE BOARD APPOINTS THE OFFICERS. THE FOUNDATION OPERATES OUT OF THE CAPK OFFICES AND THE BOARD MEMBERS OF FOUNDATION WILL MEET REGULARLY WITH THE BOARD AND OFFICERS OF CAPK TO ENSURE THAT THE FOUNDATION IS SUPPORTING CAPK.

Schedule D. Section 509(a)(3) Supporting Organizations (continued)

- 5** Do any persons who are disqualified persons (except individuals who are disqualified persons only because they are foundation managers) with respect to you or persons who have a family or business relationship with any disqualified persons appoint any of your foundation managers? If "Yes," (1) describe the process by which disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons and the foundation managers they appoint, and (3) explain how control is vested over your operations (including assets and activities) by persons other than disqualified persons. ☐ Yes ☒ No

- 6** Do any persons who are disqualified persons (except individuals who are disqualified persons only because they are foundation managers) have any influence regarding your operations, including your assets or activities? If "Yes," (1) provide the names of these disqualified persons, (2) explain how influence is exerted over your operations (including assets and activities), and (3) explain how control is vested over your operations (including assets and activities) by individuals other than disqualified persons. ☐ Yes ☒ No

- 7** Does your organizing document specify your supported organization(s) by name? ☒ Yes ☐ No
If "Yes" and you selected Type I above, continue to Line 8.
If "Yes," and you selected Type II, do not complete the rest of Schedule D.
If "No" and you selected Type III above, amend your organizing document to specify your supported organization(s) by name or you will not meet the organizational test and need to reconsider your requested public charity classification; then continue to Line 8.

- 7a** Does your organizing document name a similar purpose or charitable class of beneficiaries as to your supported organization(s)? If "No," amend your organizing document to specify your supported organization(s) by name, purpose, or class or you will not meet the organizational test and need to reconsider your requested public charity classification. ☐ Yes ☐ No

If you selected Type II above, do not complete the rest of Schedule D.

- 8** Do you or will you receive contributions from any person who alone, or combined with family members or an entity at least 35% controlled by that person, controls any of your supported organizations, or will you receive contributions from any family member of, or an entity at least 35% controlled by, any person who controls any of your supported organizations? If "Yes," explain. ☐ Yes ☒ No

If you selected Type I above, do not complete the rest of Schedule D.

Schedule D. Section 509(a)(3) Supporting Organizations (continued)

- 9** Do the officers, directors, or trustees of your supported organization have a significant voice in your investment policies, the timing and making of grants, the selection of grant recipients, and in otherwise directing the use of your income or assets? If "Yes," explain. ☐ Yes ☐ No

- 10** In each taxable year, do you or will you provide each of your supported organizations with (a) a written notice addressed to a principal officer of the supported organization describing the type and amount of all of the support you provided to the supported organization during the immediately preceding taxable year, (b) a copy of your most recently filed Form 990-series return or notice, and (c) a copy of your governing documents? If 'No,' explain. ☐ Yes ☐ No

- 11** Do you exercise a substantial degree of direction over the policies, programs, and activities of your supported organization(s) and appoint or elect (directly or indirectly) a majority of the officers, directors, or trustees of your supported organization(s)? If "Yes," explain. ☐ Yes ☐ No

- 12** Do substantially all of your activities directly further the exempt purposes of one or more supported organizations to which you are responsive by performing the functions of, or carrying out the purposes of, such supported organization(s) and but for your involvement would normally be engaged in by such supported organization(s). If "Yes," explain and do not complete the rest of Schedule D. ☐ Yes ☐ No

Schedule D. Section 509(a)(3) Supporting Organizations *(continued)*

- 13** Do you distribute at least 85% of your annual net income or 3.5% of the aggregate fair market value of all of your non-exempt-use assets (whichever is greater) to your supported organization(s)? If "No," explain.

☐ Yes ☐ No

- 13a** How much do you contribute annually to each supported organization?

- 13b** What is the total annual revenue of each supported organization?

- 13c** Do you or the supported organization(s) earmark your funds for support of a particular program or activity? If "Yes," explain.

☐ Yes ☐ No

Schedule E. Effective Date

- 1** Are you applying for reinstatement of exemption after being automatically revoked for failure to file required returns or notices for three consecutive years? If "No," continue to Line 2. ☐ Yes ☐ No

- 1a** Revenue Procedure 2014-11, 2014-1 C.B. 411, provides procedures for reinstating your tax-exempt status. Select the section of Revenue Procedure 2014-11 under which you want us to consider your reinstatement request.

- ☐ Section 4. You are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. Do not complete the rest of Schedule E.
- ☐ Section 5. You are seeking retroactive reinstatement under section 5 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 5, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future.
- Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in at least one of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices. Do not complete the rest of Schedule E.
- ☐ Section 6. You are seeking retroactive reinstatement under section 6 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 6, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future.
- Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in each of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices. Do not complete the rest of Schedule E.
- ☐ Section 7. You are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling this application. Do not complete the rest of Schedule E.

- 2** Generally, if you did not file Form 1023 within 27 months of formation, the effective date of your exempt status will be the date you filed Form 1023 (submission date). Requests for an earlier effective date may be granted when there is evidence to establish you acted reasonably and in good faith and the grant of relief will not prejudice the interests of the government.

- ☐ Check this box if you accept the submission date as the effective date of your exempt status. Do not complete the rest of Schedule E.
- ☐ Check this box if you are requesting an earlier effective date than the submission date.

- 2a** Explain why you did not file Form 1023 within 27 months of formation, how you acted reasonably and in good faith, and how granting an earlier effective date will not prejudice the interests of the Government.

You may want to include the events that led to the failure to timely file Form 1023 and to the discovery of the failure, any reliance on the advice of a qualified tax professional and a description of the engagement and responsibilities of the professional as well as the extent to which you relied on the professional, a comparison of (1) what your aggregate tax liability would be if you had filed this application within the 27-month period with (2) what your aggregate liability would be if you were exempt as of your formation date, or any other information you believe will support your request for relief.

Schedule F. Low-Income Housing

- 1** Describe each facility including the type of facility, whether you own or lease the facility, how many residents it can accommodate, the current number of residents, and whether the residents purchase or rent housing from you.

- 2** Describe who qualifies for your housing in terms of income levels or other criteria and explain how you select residents.

- 3** Do you meet the safe harbor requirements outlined in Revenue Procedure 96-32, 1996-1 C.B. 717, which provides guidelines for providing low-income housing that will be treated as charitable, including for each project that (a) at least 75 percent of the units are occupied by residents that qualify as low-income and (b) either at least 20 percent of the units are occupied by residents that also meet the very low-income limit for the area or 40 percent of the units are occupied by residents that also do not exceed 120 percent of the area's very low-income limit, and less than 25 percent of the units are provided at market rates to persons who have incomes in excess of the low-income limit?

☐ Yes☐ No

- 4** Is your housing affordable to low-income residents? If "Yes," describe how your housing is made affordable to low-income residents.

☐ Yes☐ No

- 5** Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions.

☐ Yes☐ No

Schedule F. Low-Income Housing *(continued)*

- 6** In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. ☐ Yes ☐ No

- 7** Do you provide social services to residents? If "Yes," describe these services. ☐ Yes ☐ No

- 8** Do you participate in any government housing programs? If "Yes," describe these programs. ☐ Yes ☐ No

Schedule G. Successors to Other Organizations

- 1** List the name, last address, and EIN of your predecessor organization and describe its activities.

- 2** List the owners, partners, principal stockholders, officers, and governing board members of your predecessor organization. Include their names, addresses, and share/interest in the predecessor organization (if for-profit).

- 3** Are you a successor to a for-profit organization? If "Yes," explain your relationship with the predecessor organization that resulted in your creation and explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status; continue to Line 4. ☐ Yes ☐ No

- 3a** Explain your relationship with the other organization that resulted in your creation and why you took over the activities or assets of another organization.

Schedule G. Successors to Other Organizations (continued)

- 4** Do or will you maintain a working relationship with any of the persons listed in question 2 or with any for-profit organization in which these persons own more than a 35% interest? If "Yes," describe the relationship. ☐ Yes ☐ No

- 5** Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof and describe any restrictions that were placed on the use or sale of the assets. ☐ Yes ☐ No

- 6** Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed. ☐ Yes ☐ No

- 7** Will you lease or rent any property or equipment to or from the predecessor organization or any persons listed in Line 2 or a for-profit organization in which these persons own more than a 35% interest? If "Yes," describe the arrangement(s) including how the lease or rental value was determined. ☐ Yes ☐ No

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures

Section I **Public charities and private foundations complete lines 1 through 8 of this section.**

- 1** Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc., including the purpose, number and amount(s) of grants, how the program is publicized, and if you award educational loans, the terms of the loans.

The Foundation intends to award educational grants to clients of CAPK and community members. Grants candidates must have earnings at or below 200% of the federal poverty level. The funds can be used towards higher education, vocational training, and related activities. The permitted uses will be living stipends, supplies, tuition and school supplies. Recipients will be required to follow established criteria and satisfy deliverables described in the grants. Grant programs will be publicized through Foundation newsletters and social media. Awards will be publicized with an awards ceremony, social media and CAPK newsletters. No educational loans will be provided.

- 2** Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If "No," explain. ☒ Yes ☐ No

- 3** Describe the specific criteria you use to determine who is eligible for your program (for example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.).

The criteria for educational grant eligibility will include the applicant's income relative to the then-existing poverty rate, choice of educational grant, the choice of program - whether high school programs, vocational training or higher education. The Foundation intends to provide grants to applicants who are at the low to moderate income level or 200% of the federal poverty rate based on household income and size.

- 4** Describe the specific criteria you use to select recipients (for example, specific selection criteria could consist of prior academic performance, financial need, etc.).

Eligible applicants will be selected based on a review of the applicant's academic performance, recommendations from third-parties such as teachers and mentors, as well as applicant's place of residence.

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures *(continued)*

- 5** Describe any requirement or condition you impose on recipients to obtain, maintain, or qualify for renewal of a grant (for example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.).

Grant recipients must remain in good standing in the educational program to which the grants relate and must meet educational program-based requirements such as maintaining a specified grade point average.

- 6** Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Explain whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.

This depends in part upon the type of grant. The Foundation intends to make payment of funds for educational programs directly to the school or vocational training program on behalf of the award recipient. In cases where stipends are provided directly to grant recipients, use will be monitored by designated foundation staff.

- 7** How do you determine who is on the selection committee for the awards made under your program?

The selection committee will be determined by the Foundation Chair and Vice-Chair with input from the Foundation officers, all based on their interest, capacity to assist and knowledge or experience in administering similar programs.

- 8** Are relatives of members of the selection committee, or of your officers, directors, or substantial contributors eligible for awards made under your program? If "Yes," what measures do you take to ensure unbiased selections?

☐ Yes ☒ No

Do not complete the rest of Schedule H. If you are a private foundation, you will be directed to complete Section II of Schedule H later in the application.

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures *(continued)*

Section II

Private foundations complete lines 1 through 7 of this section. Public charities do not complete this section.

- 1** As a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures? ☐ Yes ☐ No

If "No," do not complete the rest of Schedule H.

- 1a** Check the box(es) indicating under which section(s) you want your grant making procedures to be considered.

- ☐ 4945(g)(1) - Scholarship or fellowship grant to an individual for study at an educational institution
- ☐ 4945(g)(3) - Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product

- 2** Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring? ☐ Yes ☐ No

- 3** Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in Line 2? ☐ Yes ☐ No

- 4** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an employee of a particular employer? ☐ Yes ☐ No

If "No," do not complete the rest of Schedule H.

- 5** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? ☐ Yes ☐ No

- 6** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer? If "No," continue to Line 7. ☐ Yes ☐ No

- 6a** Will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☐ No

- 7** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer? ☐ Yes ☐ No

If "No," do not complete the rest of Schedule H.

- 7a** Will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☐ No

If "Yes," do not complete the rest of Schedule H.

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures *(continued)*

- 7b** Will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39? If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution; do not complete the rest of Schedule H.

☐ Yes ☐ No

- 7c** Will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test or the 10% test in questions 7a and 7b.

☐ Yes ☐ No