



DATE: March 24, 2026
TIME: 12:00 pm
LOCATION: CAPK Administrative Office
Board Room
1300 18th Street., Suite 200
Bakersfield, CA 93301

Board of Directors Meeting Agenda

I. Call to Order

a. Roll Call

Kevin Burton (Chair)	Don Bynum	June Nachor	Mike Riar
Denise Boshers	Leslie Friend	Chase Nunneley	Janea Roberts
Michael Bowers	Ariana Joven	Fred Plane	Rudy Salas
Lillian Brust	Traco Matthews	Celeste Porter	Chei Whitmore

II. 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 requests removal of a particular item. If comment or discussion is requested, the item will be removed from the Consent Agenda and will be considered in the order listed.

a. Minutes of the January 27, 2026 Board of Directors Meeting – **Action Item (p. 3-6)**

III. New Business

- | | |
|---|---|
| a. Financial Reports – Action Item (p. 7-13) | Tracy Webster, Chief Financial Officer |
| b. CAPK Foundation 2026 Information Returns and Attorney General Report – Info Item (p. 14-58) | Tracy Webster, Chief Financial Officer |
| c. Grant and Fund Development – Info Item (p. 59) | Annelisa Corona, Community Development Supervisor |
| d. Gourmet for Good Committee Report – Info Item (p. 60-64) | Catherine Anspach, Director of Development |
| e. Program Presentation: Housing & Supportive Services – Info Item (p. 65-79) | Rebecca Moreno, Director of Housing & Supportive Services
Catherine Anspach, Director of Development |

IV. Board Member and Staff Comments

V. Next Scheduled Meeting

Board of Directors Meeting

Community Action Partnership of Kern Foundation
Board of Directors Meeting Agenda
March 24, 2026
Page 2 of 2

12:00 pm
Tuesday, May 26, 2026
CAPK Administrative Offices, Board Room
1300 18th St., Suite 200
Bakersfield, CA 93301

VI. Adjournment



DATE	January 27, 2026
TIME	12:00 pm
LOCATION	CAPK Administrative Office Board Room 1300 18 th Street., Suite 200 Bakersfield, CA 93301

COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION

Board of Directors Meeting Minutes

I. Call to Order

Chair Kevin Burton called the meeting to order at 12:04pm at the CAPK Administrative Office, at 1300 18th Street, Bakersfield, CA.

a. Roll Call

Roll Call was taken with a quorum present:

Present: Kevin Burton (Chair), Denise Boshers, Michael Bowers (left at 1:00pm), Lillian Brust, Leslie Friend (attended virtually), Ariana Joven, Traco Matthews (left at 1:00pm), June Nachor, Chase Nunneley, Celeste Porter, Mike Riar (left at 1:00pm), Janea Roberts, & Rudy Salas.

Absent: Don Bynum, Fred Plane and Chei Whitmore.

Others Present: Jeremy Tobias; Chief Executive Officer, Pritika Ram; Chief Business Development Officer, Tracy Webster; Chief Financial Officer, Lisa McGranahan; Chief Human Resource Officer, Susana Magana; Director of Health & Nutrition, Gabrielle Alexander; Director of Finance, Catherine Anspach; Director of Development; other CAPK staff.

II. Public Comments

No one addressed the Board.

III. Consent Agenda

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

V. New Business

a. Introduction and Welcome of New Board Members – Catherine Anspach, Director of Development – *Info Item*

Catherine Anspach introduced herself and had everyone on the board go around and introduce themselves, stating where they work and how long they have been on the CAPK Foundation Board. Mike Riar, Celeste Porter, June Nachor, Leslie Friend, and Rudy Salas all mentioned that they are new members and look

forward to being on the CAPK Foundation Board. Catherine also had CAPK staff introduce themselves and their titles.

Jeremy Tobias also addressed the board chair to let him know that since the Foundation is no longer subject to the Brown Act, the agenda for the meeting will be amended and certain items, such as public comment, will be removed. Kevin Burton thanked Jeremy for the update.

b. Request for Board Review and Signature – Catherine Anspach, Director of Development – ***Info Item***

Catherine Anspach mentioned that Foundation Board members need to annually review and sign the following documents: Conflict of Interest Statement, Oath and Confidentiality Agreement, and Board Member Roles & Responsibilities Agreement. She noted that the Foundation will need all signed documents by February 6th.

c. Financial Reports – Tracy Webster, Chief Financial Officer – ***Action Item***

Tracy Webster stated that she would spend additional time reviewing the financial reports due to the new board members. She presented the 2025 calendar year reports, beginning with contributions to date. She noted that Veterans Services is reflected as two accidental line items and that the Foundation received 1,131 donations for the year. She reviewed the balance sheet and income statement, stating that total net income for the year is \$25,000, as most Foundation funds are distributed back to programs. She also reviewed the fund activity summary, explaining that it outlines funds received and distributed by program.

On the recommendation of board member Janea Roberts, Tracy presented a trend overview highlighting the Foundation's growth. She provided background on the Foundation's creation and shared that revenue grew 31% from 2023 to 2024 and 70.8% from 2024 to 2025, representing over 100% growth in three years. She also noted increased donor engagement in 2025, with more donors giving smaller amounts at higher frequency. While certain expenses, such as salaries, have increased, contributions distributed to programs have also grown by over 100%.

Janea Roberts commented that the Foundation has done well adjusting to program needs, noting that some funding amounts may appear lower because certain programs require less support. Tracy agreed and added that East Kern and Oasis receive donations that make a significant impact.

Tracy then reviewed the 2026 budget, noting that fundraising projections primarily support the Food Bank due to greater need. Pritika Ram added that Veterans Support Services (VSS) will have upcoming needs, including Stand Down and the Ramkabir project.

Kevin Burton requested an update on the Ramkabir project. Pritika Ram provided a brief update on its location and plans. Jeremy Tobias clarified that social media reports overstated the application amount, noting it is closer to \$12 million rather than \$30 million. He stated that if awarded, the project will be brought back to the CAPK Board for items such as budgets and award of contracts. Michael Bowers added that the project will positively impact the Union Avenue area.

A Motion was made and seconded to approve the Financial Reports. Carried by unanimous vote (Joven/Bowers).

d. CAPK Food Bank Government Shutdown Summary – Tracy Webster, Chief Financial Officer & Kelly Lowery, Food Bank Administrator – **Info Item**

Kelly Lowery welcomed the current and new Foundation board members and thanked the Foundation team for their continued support of the Food Bank. He shared that during the government shutdown in the fall, he formed a task force to identify ways to support individuals who lost their SNAP benefits. He noted that federal workers were also in immediate need during this time.

Kelly explained that the Food Bank adjusted pantry hours to better serve federal workers. He emphasized that SNAP is an important tool in addressing hunger and shared that approximately 100,000 families in Kern County were affected by the shutdown. In response, the Food Bank created targeted SNAP food distributions specifically for SNAP recipients across the county, in addition to its regular distributions. He also commended his staff for their efforts in organizing and carrying out these additional distributions.

Tracy Webster then reviewed the financial summary of the distributions. She stated that without community support, the response would have cost approximately \$1.2 million. She added that volunteers and donations significantly offset those costs and thanked the Foundation and marketing teams for helping promote support efforts. Kevin Burton also thanked everyone involved.

Denise Boshier asked whether the shutdown would have a long-term impact on the Food Bank. Kelly responded that if the shutdown had lasted longer, it could have created additional strain; however, they were able to supplement inventory with purchased food. He noted that funding from the Foundation allows the Food Bank to purchase wholesale food to support its inventory. Kevin Burton asked whether the 2024 Food Bank expansion was helpful, and Kelly confirmed that it was extremely beneficial in storing additional food for the increased distributions.

Chase Nunneley asked whether another shutdown is anticipated and whether the Food Bank is prepared. Kelly shared that an upcoming shutdown would not affect SNAP funding, as it has been approved for the remainder of the year. However, if a shutdown impacts federal workers, the Food Bank will prepare accordingly.

e. Fundraising Update – Catherine Anspach, Director of Development – **Info Item**

Catherine Anspach noted the various ways the Foundation supports CAPK programs. She mentioned the Head Start coat drive, which provides 1,400 coats to children enrolled in Head Start. She also highlighted the Friendship House Casino Night fundraiser, which raised \$11,478.53.

Catherine referenced the one-time giving received during the government shutdown and year-end giving campaign. She also shared that several external events collectively raised over \$20,000 in donations.

Additionally, she mentioned the M Street holiday meal celebration and the East Kern holiday meal distribution.

f. CAPK Foundation 2026 Calendar of Events – Catherine Anspach, Director of Development – **Info Item**

Catherine Anspach presented the 2026 event calendar. She noted that the calendar is subject to change, as many events can occur throughout the year, but updates will be shared with the board as they develop.

g. Gourmet for Good Discussion & Next Steps – Catherine Anspach, Director of Development – ***Info Item***

Catherine Anspach stated that each board member should have a sponsorship package in front of them. She noted that the presenting sponsorship has been sold, bringing the total for the event to \$42,000. Catherine said her goal for 2026 is to increase the number of larger sponsorships and that she will form a subcommittee with different board members to help.

She mentioned that a few of the specialty sponsorships have already been sold, but many levels are still available. Each board member will receive a draft email and a digital sponsorship package.

h. Grant Funding Report– Annelisa Corona, Community Development Supervisor – ***Info Item***

Annelisa Corona presented the grant funding report and noted that the Foundation is exploring different funding options to support programs. She mentioned that two proposals were denied by funders: one from the Rotary Club in China Lake and one from the Kern Community Foundation.

VII. Board Member & Staff Comments

Catherine Anspach mentioned that the new Foundation board members will be completing onboarding to better understand the CAPK Foundation. She also collected the names of individuals who want to serve on the Gourmet for Good Planning Committee.

VIII. Next Scheduled Meeting

Board of Directors Meeting
12:00 pm
Tuesday, March 24, 2026
CAPK Administrative Offices, Board Room
1300 18th Street., Suite 200
Bakersfield, CA 93301

IX. Adjournment

The meeting was adjourned at 1:18 pm.



BOARD MEETING

MARCH 24, 2026

FINANCIAL REPORT

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Community Action Partnership of Kern Foundation

Contributions by purpose
for the period of 01/01/2026 to 02/28/2026

Purpose	Amount	# Contributions
General	\$636.82	16
M Street Navigation Center - Homeless Center	\$602.00	3
Oasis Family Resource Center - Ridgecrest	\$5,025.00	4
East Kern Family Resource Center	\$12,500.00	3
Volunteer Income Tax Assistance - VITA	\$15,000.00	1
Food Bank	\$219,877.97	108
Veterans Services	\$2,430.60	2
Gourmet for Good 2026	\$31,500.00	4
Total	\$287,572.39	141



Community Action Partnership of Kern Foundation

Income Statement
for the period of 01/01/2026 to 02/28/2026

Account Number	Account Name	Amount
Income		
4220	Contributions Income	\$157,526.39
4230	Fundraising	\$31,500.00
4310	Interest Earned	\$623.40
Total Income		\$189,649.79
Expense		
5105	Salaries	\$40,107.68
5205	Benefits	\$11,413.29
6210	Repair/Maintenance/Incidental Alterations	-\$603.64
6235	Utilities	\$712.69
6305	Office Supplies	\$1,554.43
6505	Legal Fees	\$1,265.45
6520	Consultant Services	\$7,000.00
6605	Communications	\$438.55
6610	Postage	\$449.42
6615	Printing	\$7,233.05
6620	Risk Insurance	\$3.60
6635	Board Costs	\$1,030.24
6675	Outreach	\$2,034.19
6690	Membership Fees	\$400.00
6695	Bank Fees	\$273.34
6990	Contribution - CAPK	\$172,082.16
7910	Facility Use	\$541.50
9999	Indirect Expense	\$6,565.84
Total Expense		\$252,501.79
Net Income (Loss)		-\$62,852.00



Community Action Partnership of Kern Foundation

Balance Sheet
as of 02/28/2026

Account Number	Account Name	Amount
Assets		
1000	Checking	\$76,232.89
1010	Money Market	\$72,723.03
1100	Accounts Receivable	\$97.00
1101	Stripe Payments	\$82.66
Total Assets		\$149,135.58
Liabilities		
2100	Accounts Payable	\$8,166.66
2200	Accrued Expenses	\$47,204.40
Total Liabilities		\$55,371.06
Equity		
3000	General Fund - Fund Balance	\$74,016.84
3101	Food Bank - Fund Balance	\$18.12
3104	Friendship House Community Center - Fund Balance	\$4.00
3110	Head Start - Fund Balance	\$10,000.00
3114	Veterans Services - Fund Balance	\$3.00
3115	Gourmet for Good 2026 - Fund Balance	\$9,722.56
Total Equity		\$93,764.52
Total Liabilities + Total Equity		\$149,135.58



Community Action Partnership of Kern Foundation
Fund Activity Summary
for the period of 01/01/2026 to 02/28/2026

Fund	Beginning Balance	Income	Expenses	Net Income (Expense)	Transfer	Net Increase (Decrease)	Ending Balance	[Beginning of Fiscal Year] Balance
General Fund	\$145,571.96	\$1,350.22	\$72,905.34	\$-71,555.12	\$0.00	\$-71,555.12	\$74,016.84	\$145,571.96
Food Bank	\$15,383.76	\$121,727.97	\$137,093.61	\$-15,365.64	\$0.00	\$-15,365.64	\$18.12	\$15,383.76
Volunteer Income Tax Assistance - VITA	\$0.00	\$15,000.00	\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Friendship House Community Center	\$8.00	\$8.00	\$12.00	\$-4.00	\$0.00	\$-4.00	\$4.00	\$8.00
East Kern Family Resource Center	\$0.00	\$12,500.00	\$12,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Oasis Family Resource Center - Ridgecrest	\$0.00	\$5,025.00	\$5,025.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
M Street Navigation Center - Homeless Center	\$96.80	\$102.00	\$198.80	\$-96.80	\$0.00	\$-96.80	\$0.00	\$96.80
Head Start	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,000.00	\$10,000.00
Veterans Services	\$56.00	\$2,436.60	\$2,489.60	\$-53.00	\$0.00	\$-53.00	\$3.00	\$56.00
Gourmet for Good 2026	\$-14,500.00	\$31,500.00	\$7,277.44	\$24,222.56	\$0.00	\$24,222.56	\$9,722.56	\$-14,500.00
Total	\$156,616.52	\$189,649.79	\$252,501.79	\$-62,852.00	\$0.00	\$-62,852.00	\$93,764.52	\$156,616.52



Community Action Partnership of Kern Foundation

Budget to Actual
for the period of 01/01/2026 to 02/28/2026

		Current Period (01/01/2026 to 02/28/2026)			YTD (01/01/2026 to 02/28/2026)		
Account Number	Account Name	Actual	Budget	Variance \$	Actual	Budget	Variance \$
Income							
4220	Contributions Income	\$157,526.39	\$87,583.34	\$69,943.05	\$157,526.39	\$87,583.34	\$69,943.05
4230	Fundraising	\$31,500.00	\$36,333.34	-\$4,833.34	\$31,500.00	\$36,333.34	-\$4,833.34
4310	Interest Earned	\$623.40	\$0.00	\$623.40	\$623.40	\$0.00	\$623.40
4900	CAPK Agency Contribution	\$0.00	\$85,895.84	-\$85,895.84	\$0.00	\$85,895.84	-\$85,895.84
Total Income		\$189,649.79	\$209,812.52	-\$20,162.73	\$189,649.79	\$209,812.52	-\$20,162.73
Expense							
5105	Salaries	\$40,107.68	\$46,807.84	-\$6,700.16	\$40,107.68	\$46,807.84	-\$6,700.16
5205	Benefits	\$11,413.29	\$16,276.50	-\$4,863.21	\$11,413.29	\$16,276.50	-\$4,863.21
6105	Local Travel - Staff	\$0.00	\$250.00	-\$250.00	\$0.00	\$250.00	-\$250.00
6120	Out of Town Travel - Staff	\$0.00	\$833.34	-\$833.34	\$0.00	\$833.34	-\$833.34
6135	Per Diem - Staff	\$0.00	\$175.00	-\$175.00	\$0.00	\$175.00	-\$175.00
6150	Vehicle Gasoline	\$0.00	\$91.66	-\$91.66	\$0.00	\$91.66	-\$91.66
6210	Repair/Maintenance/Incidental Alterations	-\$603.64	\$0.00	-\$603.64	-\$603.64	\$0.00	-\$603.64
6235	Utilities	\$712.69	\$666.66	\$46.03	\$712.69	\$666.66	\$46.03
6305	Office Supplies	\$1,554.43	\$1,000.00	\$554.43	\$1,554.43	\$1,000.00	\$554.43
6505	Legal Fees	\$1,265.45	\$250.00	\$1,015.45	\$1,265.45	\$250.00	\$1,015.45
6520	Consultant Services	\$7,000.00	\$2,250.00	\$4,750.00	\$7,000.00	\$2,250.00	\$4,750.00
6525	Software Support/Maintenance	\$0.00	\$2,250.00	-\$2,250.00	\$0.00	\$2,250.00	-\$2,250.00
6605	Communications	\$438.55	\$333.34	\$105.21	\$438.55	\$333.34	\$105.21
6610	Postage	\$449.42	\$750.00	-\$300.58	\$449.42	\$750.00	-\$300.58
6615	Printing	\$7,233.05	\$2,000.00	\$5,233.05	\$7,233.05	\$2,000.00	\$5,233.05
6620	Risk Insurance	\$3.60	\$8.34	-\$4.74	\$3.60	\$8.34	-\$4.74
6625	Hiring Costs	\$0.00	\$75.00	-\$75.00	\$0.00	\$75.00	-\$75.00
6635	Board Costs	\$1,030.24	\$833.34	\$196.90	\$1,030.24	\$833.34	\$196.90
6645	Tuition/Registration Fees - Staff	\$0.00	\$416.66	-\$416.66	\$0.00	\$416.66	-\$416.66
6675	Outreach	\$2,034.19	\$21,666.66	-\$19,632.47	\$2,034.19	\$21,666.66	-\$19,632.47
6680	Training Expenses	\$0.00	\$83.34	-\$83.34	\$0.00	\$83.34	-\$83.34
6685	Meeting Expenses	\$0.00	\$500.00	-\$500.00	\$0.00	\$500.00	-\$500.00
6690	Membership Fees	\$400.00	\$250.00	\$150.00	\$400.00	\$250.00	\$150.00
6695	Bank Fees	\$273.34	\$0.00	\$273.34	\$273.34	\$0.00	\$273.34
6715	Licensing/Misc Fees	\$0.00	\$50.00	-\$50.00	\$0.00	\$50.00	-\$50.00
6790	Misc Expense	\$0.00	\$500.00	-\$500.00	\$0.00	\$500.00	-\$500.00
6990	Contribution - CAPK	\$172,082.16	\$102,083.34	\$69,998.82	\$172,082.16	\$102,083.34	\$69,998.82
7127	Client Incidentals	\$0.00	\$166.66	-\$166.66	\$0.00	\$166.66	-\$166.66
7180	Volunteer Costs	\$0.00	\$41.66	-\$41.66	\$0.00	\$41.66	-\$41.66
7910	Facility Use	\$541.50	\$0.00	\$541.50	\$541.50	\$0.00	\$541.50
9999	Indirect Expense	\$6,565.84	\$9,203.16	-\$2,637.32	\$6,565.84	\$9,203.16	-\$2,637.32

		Current Period (01/01/2026 to 02/28/2026)			YTD (01/01/2026 to 02/28/2026)		
Account Number	Account Name	Actual	Budget	Variance \$	Actual	Budget	Variance \$
Total Expense		\$252,501.79	\$209,812.50	\$42,689.29	\$252,501.79	\$209,812.50	\$42,689.29
Total		-\$62,852.00	\$0.02	-\$62,852.02	-\$62,852.00	\$0.02	-\$62,852.02



MEMORANDUM

To: Board of Directors

Tracy Webster

From: Tracy Webster, Chief Financial Officer

Date: March 24, 2026

Subject: *Agenda Item 3b*: CAPK Foundation 2026 Information Returns and Attorney General Report – **(Info Item)**

Community Action Partnership of Kern (CAPK) Foundation is required to file information returns annually with the Internal Revenue Service and the Franchise Tax Board. The 2026 returns were prepared by Daniells Phillips Vaughn and Bock from data provided by CAPK for the year ending December 31, 2025. The following information returns were submitted electronically by Daniells Phillips Vaughn and Box by the filing deadline date:

- 2025 IRS Form 990 – Return of Organization Exempt from Income Tax
- 2025 Form 199 California Exempt Organization Annual Information Return

Annually, CAPK Foundation is required to file the registration renewal fee report to the Attorney General's Registry of Charitable Trusts. The purpose of the report is to assist the Attorney General's Office with early detection of charity fiscal mismanagement and unlawful diversion of charitable assets. Organizations with total gross revenue or assets of \$50,000 or more must also provide a copy of the IRS Form 990 with the renewal report. The report is required to be filed with the Attorney General no later than the date the IRS Form 990 is required to be filed with the IRS. CAPK Foundation met the filing deadline.

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

Attachments:

*2025 IRS Form 990 – Return of Organization Exempt from Income Tax
2025 Form 199 California Exempt Organization Annual Information Return
Annual Registration Renewal Fee Report to Attorney General of California*

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2025Open to Public
Inspection**A** For the **2025** calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1300 18TH STREET, SUITE 200City or town, state or province, country, and ZIP or foreign postal code
BAKERSFIELD, CA 93301**F** Name and address of principal officer: **JEREMY T. TOBIAS**
SAME AS C ABOVE**D** Employer identification number**86-1249865****E** Telephone number**661-336-5236****G** Gross receipts \$**839,077.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (Insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **HTTPS://WWW.CAPKFOUNDATION.ORG/****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2021****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE SPECIFIC PURPOSE OF THIS CORPORATION IS TO SERVE AS A SUPPORTING ORGANIZATION FOR THE		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 12		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 12		
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a) 0		
	6	Total number of volunteers (estimate if necessary) 0		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.		
Revenue	8	Contributions and grants (Part VIII, line 1h) 402,313.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 0.	402,313.	603,628.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 125.	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 91,891.	125.	3,651.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 494,329.	91,891.	108,548.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	494,329.	715,827.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 289,575.	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 0.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 138,962.	138,962.	364,505.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 428,537.	428,537.	702,122.
	19	Revenue less expenses. Subtract line 18 from line 12 65,792.	65,792.	13,705.
	20	Total assets (Part X, line 16) 233,935.	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 46,805.	233,935.	245,935.
	22	Net assets or fund balances. Subtract line 21 from line 20 187,130.	46,805.	89,318.
			187,130.	156,617.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JEREMY T. TOBIAS, PRESIDENT				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	REANN RICHARDI, CPA				P01803841
Firm's name	Firm's EIN				
	DANIELLS PHILLIPS VAUGHAN & BOCK	95-2972229			
Firm's address	Phone no.				
	300 NEW STINE ROAD BAKERSFIELD, CA 93309	661-834-7411			

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

532001 12-15-25

Form **990** (2025) Created 4/30/25**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Form 990 (2025)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission: **NONE**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **239,987.** including grants of \$) (Revenue \$)
TO SUPPORT COMMUNITY ACTION PARTNERSHIP OF KERN

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **239,987.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒ X

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a Enter the number of voting members of the governing body at the end of the tax year	12											
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b Enter the number of voting members included on line 1a, above, who are independent		12										
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2									X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3								X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4							X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5						X
6 Did the organization have members or stockholders?							6					X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?										8a	X	
b Each committee with authority to act on behalf of the governing body?											8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?												10a
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?												10b
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X								
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a Did the organization have a written conflict of interest policy? If "No," go to line 13												12a
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?												12b
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done												12c
13 Did the organization have a written whistleblower policy?							13					X
14 Did the organization have a written document retention and destruction policy?								14				X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
a The organization's CEO, Executive Director, or top management official									15a			X
b Other officers or key employees of the organization										15b		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?											16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?												16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
TRACY WEBSTER - 661-336-5236
1300 18TH STREET, SUITE 200, BAKERSFIELD, CA 93301

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	603,628.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			603,628.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,651.			3,651.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	231,798.				
	b Less: direct expenses	8b	123,250.				
	c Net income or (loss) from fundraising events			108,548.			108,548.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			715,827.	0.	0.	112,199.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐ _____

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	261,899.		261,899.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	75,718.		75,718.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	3,867.		3,867.	
c Accounting	1,650.		1,650.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	500.		500.	
12 Advertising and promotion				
13 Office expenses	24,067.		24,067.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	5,295.		5,295.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	192,643.	192,643.		
22 Depreciation, depletion, and amortization				
23 Insurance	18.		18.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLIENT INCIDENTALS	47,344.	47,344.		
b OUTREACH	35,930.		35,930.	
c PRINTING	15,257.		15,257.	
d SOFTWARE	10,553.		10,553.	
e All other expenses	27,381.		27,381.	
25 Total functional expenses. Add lines 1 through 24e	702,122.	239,987.	462,135.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Form 990 (2025)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	152,035.	1	173,118.
	2 Savings and temporary cash investments	72,625.	2	72,720.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,775.	4	97.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,500.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	233,935.	16	245,935.	
Liabilities	17 Accounts payable and accrued expenses	46,805.	17	89,318.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	46,805.	26	89,318.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	187,130.	31	156,617.
	32 Total net assets or fund balances	187,130.	32	156,617.
	33 Total liabilities and net assets/fund balances	233,935.	33	245,935.

Form 990 (2025)

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Form 990 (2025)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	715,827.
2	Total expenses (must equal Part IX, column (A), line 25)	2	702,122.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,705.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	187,130.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-44,218.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	156,617.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b		

Form 990 (2025)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public
Inspection

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
COMMUNITY ACTION PARTNERSHIP OF KERN	95-2402760	7	X		192,643.	
Total					192,643.	0.

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Schedule A (Form 990) 2025

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** %

16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990) 2025

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Schedule A (Form 990) 2025

86-1249865 Page 3

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Schedule A (Form 990) 2025

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Schedule A (Form 990) 2025

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

c ☐ The organization supported a governmental supported organization. Describe in **Part VI** how you supported a governmental supported organization (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.

a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in **Part VI**.

b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

	Yes	No
2a		
2b		
3a		
3b		
3c		

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Schedule A (Form 990) 2025

86-1249865 Page 6

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

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

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

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

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

Schedule A (Form 990) 2025

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Schedule A (Form 990) 2025

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Total annual distributions. Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Schedule A (Form 990) 2025

86-1249865 Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Employer identification number

86-1249865

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☒ 501(c)(3) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADVENTIST HEALTH 2615 CHESTER AVENUE BAKERSFIELD, CA 93301	\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	ANTHEM/ELEVANCE HEALTH, INC 220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204	\$ 36,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	BAKERSFIELD WEST ROTARY-STROOPE FAM FOUND PO BOX 9997 BAKERSFIELD, CA 93389	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	BIG REDPOT TONG 1217 MAYFLOWER AVE ARCADIA, CA 91006	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	CAL PORTLAND 9350 OAK CREEK ROAD MOJAVE, CA 93501	\$ 8,679.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	CALIFORNIA COMMUNITY FOUNDATION 717 W. TEMPLE STREET LOS ANGELES, CA 90012	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CALIFORNIA RESOURCE CORPORATION 900 OLD RIVER ROAD BAKERSFIELD, CA 93311	\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	CAPITAL POWER 10423 101 ST NW EDMONTON, ALBERTA, CANADA	\$ 5,150.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	CITIZENS BUSINESS BANK 1230 17TH STREET BAKERSFIELD, CA 93301	\$ 12,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	DIGNITY HEALTH MEDICAL NETWORK 4500 CALIFORNIA AVENUE BAKERSFIELD, CA 93306	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	HARD ROCK HEALS FOUNDATION 5701 STERLING ROAD DAVIE, FL 33314	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	INSURICA 8500 STOCKDALE HIGHWAY, SUITE 200 BAKERSFIELD, CA 93311	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KAISER PERMANENTE 5055 CALIFORNIA AVENUE, SUITE 240 BAKERSFIELD, CA 93309	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	KERN COMMUNITY COLLEGE DISTRICT 2100 CHESTER AVENUE BAKERSFIELD, CA 93301	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15	KERN COMMUNITY FOUNDATION 3300 TRUXTUN AVENUE BAKERSFIELD, CA 93301	\$ 26,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16	KLEIN DENATALE GOLDNER ATTORNEYS 10000 STOCKDALE HWY, SUITE 200 BAKERSFIELD, CA 93311	\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17	MAYA CINEMAS 150 S. ARROYO PARKWAY PASADENA, CA 91105	\$ 6,130.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18	PACIFIC GAS AND ELECTRIC COMPANY 1918 H STREET BAKERSFIELD, CA 93301	\$ 53,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Employer identification number

86-1249865

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PENTA CARES FOUNDATION 181 E. WARM SPRINGS ROAD LAS VEGAS, NV 89119	\$ 5,700.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20	SANDBERG GOLDBERG BERNTHAL FOUNDATION PO BOX 26221 SAN FRANCISCO, CA 94126	\$ 40,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21	SUNRISE GLOBAL INVESTMENT, LLC 560 W MAIN STREET, SUITE C257 ALHAMBRA, CA 91801	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22	WIPFLI LLP P.O. BOX 3160 MILWAUKEE, WI 53201	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Employer identification number

86-1249865

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Employer identification number

86-1249865

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization **COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Employer identification number
86-1249865

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of nongovernment grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) (Rev. 12-2024)

COMMUNITY ACTION PARTNERSHIP OF KERN

Schedule G (Form 990) (Rev. 12-2024) **FOUNDATION**

86-1249865 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOURMET FOR GOOD	(b) Event #2 FHCC CASINO NIGHT	(c) Other events 1	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	199,036.	22,391.	10,371.	231,798.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	199,036.	22,391.	10,371.	231,798.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	29,241.			29,241.
	7 Food and beverages	34,957.	7,050.		42,007.
	8 Entertainment	22,860.	2,391.		25,251.
	9 Other direct expenses	25,890.	861.		26,751.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				123,250.
	11 Net income summary. Subtract line 10 from line 3, column (d)				108,548.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

COMMUNITY ACTION PARTNERSHIP OF KERN

Schedule G (Form 990) (Rev. 12-2024) **FOUNDATION**

86-1249865 Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Schedule G (Form 990)

86-1249865 Page 4

Part IV Supplemental Information (continued)

Schedule G (Form 990)

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2025.02060 COMMUNITY ACTION PARTNERSHI 03406__1

SCHEDULE O
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

Employer identification number
86-1249865

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY ACTION PARTNERSHIP OF KERN ("CAPK") EXCLUSIVELY BY CONDUCTING
FUNDRAISING ACTIVITIES AND DEVELOPING AND
MANAGING A CHARITABLE ENDOWMENT THAT SUPPORTS CAPK AND ANY OTHER LAWFUL
ACTIVITIES THAT BENEFIT CAPK THAT ARE PERMITTED UNDER THE CALIFORNIA
NONPROFIT PUBLIC BENEFIT CORPORATION LAW.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE RETURN IS REVIEWED BY THE TREASURER AND PRESENTED TO THE
BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE ABOVE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE
ORGANIZATION'S WEBSITE, UPON REQUEST, AND ARE ALSO AVAILABLE FOR INSPECTION
AT THE MAIN OFFICE OF THE ORGANIZATION.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Employer identification number
86-1249865

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY ACTION PARTNERSHIP OF KERN - 95-2402760, 5005 BUSINESS PARK NORTH, BAKERSFIELD, CA 93309	ANTI-POVERTY AGENCY	CALIFORNIA	501(C)(3)	LINE 7	CAPK		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) **FOUNDATION**

Page 2

Part III

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

Part IV

532162 04-01-25 **Schedule R (Form 990) (Rev. 1-2025)**

COMMUNITY ACTION PARTNERSHIP OF KERN

Schedule R (Form 990) (Rev. 1-2025) **FOUNDATION**

86-1249865 Page **3**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY ACTION PARTNERSHIP OF KERN	C	192,643.	FMV
(2) COMMUNITY ACTION PARTNERSHIP OF KERN	O	261,899.	FMV
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) (Rev. 1-2025) **FOUNDATION**

86-1249865 Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) **FOUNDATION**

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

TAXABLE YEAR

2025

California Exempt Organization
Annual Information Return528941 01-22-26
FORM

199

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION

California corporation number

4625342

Additional information. See instructions.

FEIN

86-1249865

Street address (suite or room)

1300 18TH STREET, SUITE 200

PMB no.

City

BAKERSFIELD

State

CA

ZIP code

93301

Foreign country name

Foreign province/state/county

Foreign postal code

A First return ☐ Yes ☒ No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No
B Amended return ☐ Yes ☒ No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ☐ Yes ☒ No	K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
D Final information return? ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized	L Is the organization a limited liability company? ☐ Yes ☒ No
Enter date: (mm/dd/yyyy) ☐	M Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
E Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other	N Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
F Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990) (4) ☒ Other 990 series	O Is federal Form 1023/1024 pending? ☐ Yes ☒ No
G Is this a group filing? See instructions ☐ Yes ☒ No	Date filed with IRS _____
H Is this organization in a group exemption ☐ Yes ☒ No If "Yes," what is the parent's name? _____	

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	235,449	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	603,628	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	839,077	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	839,077	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	825,372	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	13,705	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title	Date	• Telephone	
Paid Preparer's Use Only	Preparer's name	• REANN RICHARDS, CPA		661-336-5236	
	Preparer's signature	FOR YOUR FILES	Date	Check if self-employed ☐	• PTIN
	Firm's name (or yours, if self-employed) and address	DANIELLS PHILLIPS VAUGHAN & BOCK 300 NEW STINE ROAD BAKERSFIELD, CA 93309			P01803841
					• Firm's FEIN 95-2972229 • Telephone 661-834-7411

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

86-1249865

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 01-22-26

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	231,798	00
	2	Interest	2	3,651	00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions)	6		00
	7	Other income. Attach schedule	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	235,449	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10	Disbursements to or for members	10		00
Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	11	0	00
	12	Other salaries and wages	12	261,899	00
	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16		00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 3	17	563,473	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	825,372	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		224,660	•	245,838
2	Net accounts receivable		2,775	•	97
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock			•	
8	Mortgage loans			•	
9	Other investments. Attach schedule			•	
10	a Depreciable assets				
	b Less accumulated depreciation				
11	Land			•	
12	Other assets. Attach schedule STMT 4		6,500	•	
13	Total assets		233,935		245,935
Liabilities and net worth					
14	Accounts payable		46,805	•	89,318
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		187,130	•	156,617
22	Total liabilities and net worth		233,935		245,935

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	13,705	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		13,705
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		13,705				

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ADVENTIST HEALTH	2615 CHESTER AVENUE BAKERSFIELD, CA 93301		10,000.
ANTHEM/ELEVANCE HEALTH, INC	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204		36,000.
BAKERSFIELD WEST ROTARY-STROOPE FAM FOUND	PO BOX 9997 BAKERSFIELD, CA 93389		5,000.
BIG REDPOT TONG	1217 MAYFLOWER AVE ARCADIA, CA 91006		5,000.
CAL PORTLAND	9350 OAK CREEK ROAD MOJAVE, CA 93501		8,679.
CALIFORNIA COMMUNITY FOUNDATION	717 W. TEMPLE STREET LOS ANGELES, CA 90012		5,000.
CALIFORNIA RESOURCE CORPORATION	900 OLD RIVER ROAD BAKERSFIELD, CA 93311		10,000.
CAPITAL POWER	10423 101 ST NW EDMONTON, ALBERTA, CANADA		5,150.
CITIZENS BUSINESS BANK	1230 17TH STREET BAKERSFIELD, CA 93301		12,000.
DIGNITY HEALTH MEDICAL NETWORK	4500 CALIFORNIA AVENUE BAKERSFIELD, CA 93306		5,000.
HARD ROCK HEALS FOUNDATION	5701 STERLING ROAD DAVIE, FL 33314		5,000.
INSURICA	8500 STOCKDALE HIGHWAY, SUITE 200 BAKERSFIELD, CA 93311		5,000.
KAISER PERMANENTE	5055 CALIFORNIA AVENUE, SUITE 240 BAKERSFIELD, CA 93309		5,000.
KERN COMMUNITY COLLEGE DISTRICT	2100 CHESTER AVENUE BAKERSFIELD, CA 93301		5,000.
KERN COMMUNITY FOUNDATION	3300 TRUXTUN AVENUE BAKERSFIELD, CA 93301		26,500.

COMMUNITY ACTION PARTNERSHIP OF KERN FOU

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KLEIN DENATALE GOLDNER ATTORNEYS	10000 STOCKDALE HWY, SUITE 200 BAKERSFIELD, CA 93311	10,000.
MAYA CINEMAS	150 S. ARROYO PARKWAY PASADENA, CA 91105	6,130.
PACIFIC GAS AND ELECTRIC COMPANY	1918 H STREET BAKERSFIELD, CA 93301	53,500.
PENTA CARES FOUNDATION	181 E. WARM SPRINGS ROAD LAS VEGAS, NV 89119	5,700.
SANDBERG GOLDBERG BERNTHAL FOUNDATION	PO BOX 26221 SAN FRANCISCO, CA 94126	40,000.
SUNRISE GLOBAL INVESTMENT, LLC	560 W MAIN STREET, SUITE C257 ALHAMBRA, CA 91801	5,000.
WIPFLI LLP	P.O. BOX 3160 MILWAUKEE, WI 53201	5,000.
TOTAL INCLUDED ON LINE 3		273,659.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KEVIN BURTON 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	CHAIR 1.00	0.
ARIANA JOVEN 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	VICE CHAIR 1.00	0.
MICHAEL BOWERS 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
DON BYNUM 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
CHASE NUNNELY 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.

COMMUNITY ACTION PARTNERSHIP OF KERN FOU

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FRED PLANE 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
CHEI WHITMORE 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
JANEA ROBERTS 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
TRACO MATTHEWS 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
NILA HOGAN 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
LILLIAN BRUST 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
DENISE BOSHERS 1300 18TH STREET, SUITE 200 BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
CLIENT INCIDENTALS		47,344.	
OUTREACH		35,930.	
PRINTING		15,257.	
SOFTWARE		10,553.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		123,250.	
PAYMENTS TO AFFILIATES		192,643.	
OTHER EMPLOYEE BENEFITS		75,718.	
LEGAL FEES		3,867.	
ACCOUNTING FEES		1,650.	
OTHER PROFESSIONAL FEES		500.	
OFFICE EXPENSES		24,067.	
TRAVEL		5,295.	
INSURANCE		18.	
ALL OTHER EXPENSES		27,381.	
TOTAL TO FORM 199, PART II, LINE 17		563,473.	

CA 199	OTHER ASSETS	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	6,500.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,500.	0.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

**COMMUNITY ACTION PARTNERSHIP OF KERN
FOUNDATION**

Name of Organization

List all DBAs and names the organization uses or has used

1300 18TH STREET, SUITE 200

Address (Number and Street)

BAKERSFIELD, CA 93301

City or Town, State, and ZIP Code

661-336-5236

Telephone Number

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report
☐ Organization requests email notifications

State Charity Registration Number **0277034**

Corporation or Organization No. **4625342**

Federal Employer ID No. **86-1249865**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning **01/01/2025** ending **12/31/2025**) list:

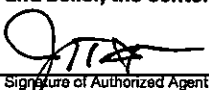
Total Revenue (including noncash contributions) \$ **715,827** Noncash Contributions \$ **0** Total Assets \$ **245,935**
Program Expenses \$ **239,987** Total Expenses \$ **702,122**

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

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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


Signature of Authorized Agent

JEREMY T. TOBIAS
Printed Name

PRESIDENT
Title

2/24/2026
Date

**Community Action Partnership of Kern
Grant and Fund Development
Private and Corporate
January to March 2026**

Year	Project	Funder name	Funder Type	Opportunity name	Status	Amount requested	Amount awarded	Notes
FY 2027	Youth & Community Services	Bank Of America Charitable Foundation Inc.	Private	Basic Needs and Income Creation	Application Submitted	\$25,000.00		If awarded, this grant will help the EKFRFC and OFRC stock their pantries with shelf-stable food to assist low-income households and individuals.
FY 2026	Youth & Community Services	Kern Community Foundation	Private	Women's and Girl's Fund Grant	Declined	\$25,000.00		Applying on behalf of the FHCC to launch a paid work experience program for 50 low-income girls ages 14-18, for rural families in East Bakersfield, requesting \$25,000 for 12 months
FY 2026	Housing and Supportive Services	Education Design Lab	Private	Advancing Workforce Mobility: An RFP for Credential Transparency and Skills Validation	Abandoned			Abandoned opportunity because it was outside CAPK's scope and lacked sufficient development. This is a systems-building initiative rather than direct service delivery, and our workforce clients do not align with the population the funder is seeking.
FY 2027	Health & Nutrition Services	Wk Kellogg Foundation	Private	WKKF Grant	LOI In Progress	\$572,450.00		Applying on behalf of the Food Bank to convert 25 pantries into Client Choice Pantry in Kern County, requesting \$572,450 for 12 months.
FY 2026	Community Development	Citi Foundation	Corporate	Community Finance Initiative RFP	LOI Submitted	\$500,000.00		Applying on behalf of CAPK to improve the financial resilience of low-income households with financial education and coaching for 100 low-income individuals in Kern County, requesting \$500,000 from August 1, 2026 to December 31, 2028.
FY 2027	Foundation	Community West Bank	Corporate	Community West Bank Grant	Application Submitted	\$5,000.00		On behalf of the VITA program, the foundation is requesting funds to support the program's day-to-day operations. This includes unrestricted dollars to provide volunteers and staff with the supplies needed to operate effectively. Additionally, the program places a strong emphasis on promoting financial literacy and introducing clients to banking systems and other financial resources.
FY 2026	Youth & Community Services	First 5 Kern	Private	Community Event Support (Oasis Baby Shower)	Awarded - Active	\$5,000.00	\$3,000.00	This grant supports the baby shower that the OFRC hosts for low-income expecting mothers by purchasing baby supplies, including playpens, bottles, car seats, and clothing.
FY 2026	Foundation	ELKS NATIONAL FOUNDATION	Private	Elks Lodge #1913	Awarded - Active	\$10,000.00	\$10,000.00	The Ridgecrest Elks Lodge #1913 will be awarding the Oasis FRC with 10,000 of in-kind donation through two different grants combined: The Beacon and Gratitude grant. They will be delivering items within the next couple of months from their wish list including non-perishable food items, shelf stable milk and household/toiletries items (hygiene kits, laundry soap, feminine products, adult diapers, etc.).



MEMORANDUM

To: CAPK Foundation Board

From: Catherine Anspach, Director of Development
Catherine Anspach

Date: March 24, 2026

Subject: *Agenda Item 4d: Gourmet For Good Committee Report– Info Item*

Our gross income goal for Gourmet for Good 2026 is to raise a minimum of \$210,000. With that, the following sponsors have been confirmed:

Anthem	Magnolia Sponsor	\$25,000.00
Adventist Health	Southern Hospitality Sponsor	\$15,000.00
California Resources Corporation	Sweet Tea Sponsor	\$10,000.00
Insurica	Gardenia Sponsorship	\$5,000.00
Wipfli	Gardenia Sponsorship	\$5,000.00
Grimmway Produce	Gardenia Sponsorship	\$5,000.00
AES	Blooms Sponsor	\$4,000.00
Hard Rock Casino	Vineyards & Vines	\$3,000.00
Houchin	Vineyards & Vines	\$3,000.00
Dignity Health	Charmed Moments Sponsor	\$3,000.00
PensionMark	Southern Swing Sponsor	\$2,500.00
Kern Family Health Care	Porchlight Sponsorship	\$2,500.00
CSUB Alumni Association	Porchlight Sponsorship	\$2,500.00
Citizens Business Bank	Porchlight Sponsorship	\$2,000.00
Keenan	Porchlight Sponsorship	\$2,000.00
BHE Renewables	Porchlight Sponsorship	\$2,000.00
Daniells Phillips Vaughan & Bock	Friends of CAPK	\$2,000.00
UCSB Alumni	Table	\$1,600.00
	Tickets	\$400.00

Total: \$95,500.00

Attachments:

2025 Gourmet for Good Budget
2026 Resolicit List

Gourmet for Good Budget 2025

Estimated Goal	\$200,000.00
Actual Income	\$207,671.42
Actual Expenses	\$123,141.03
NET INCOME	\$84,530.39

Income

Price	Sold	Income
\$25,000.00	1	\$25,000.00
\$15,000.00	1	\$15,000.00
\$10,000.00	4	\$40,000.00
\$5,000.00	7	\$35,000.00
\$4,000.00	2	\$8,000.00
\$2,500.00	1	\$2,500.00
\$2,000.00	7	\$14,000.00
\$1,400.00	13	\$18,200.00
Individual Ticket(s)	24	\$4,866.00
Donations		\$7,685.00
Card sales		\$18,630.42
Cash Sales		\$2,265.00
Fund A Need		\$14,550.00
Deposit (Venue)		\$1,975.00
TOTAL INCOME		\$207,671.42

Expenses

Venue	\$17,325.00
Event Consulant	\$5,713.25
Rentals- Chairs, Tables, etc	\$16,591.24
AV, LED Screens, Staging, Lighting, DJ	\$20,660.00
Event Swag	\$3,252.36
Auction	\$4,062.67
Additional Supplies/Decorations	\$2,617.74
Printing, Social media, Sign, Postage	\$2,331.73
Flowers	\$6,520.00
Bathrooms	\$2,569.57
Petty Cash	\$1,000.00
Security	\$607.50
Ice Truck	\$595.38
United Rentals- Street Signs	\$396.02
CAPK Staff Cost	\$361.70
Travel Certificate	\$1,800.00
Entertainment- Live Music	\$1,200.00
Bartenders	\$600.00
Food & Catering (\$75 a person)	\$29,061.87
Dessert (\$8 a person)	\$3,900.00
TOTAL EXPENSE	\$121,166.03

Assigned To	Sponsor	Status	Notes
Jeremy	Klein DeNatale Goldner	Pending	3/6 Jeremy sent email request to Jay for \$10,00
Catherine	Kaiser Permanente	Pending	3/9 submitted grant request for \$10,000
Catherine	Tri Counties Bank	Pending	sent email 1/23/2026/sent follow-up email on 1/27
Lara	Bakersfield College	Pending	Emailed Rebecca on 1/13/26- Said they are still working on their Budget for 2026, said they will reach out once it is complete.
Lara	Great Western Recreation	Pending	Emailed Tyler on 1/14/26
Lara	Indoff LLC	Pending	Emailed Dana on 1/14/26 (Pritika to Follow-up). Waiting for tax season to end.
Lara	Strata Credit Union	Pending	Emailed Kelly on 1/14/26 (Pritika to Follow-up). Waiting on Budget
Lara	Safe1 Credit Union	Pending	Emailed Eric on 1/14/26. Said he will pass it to the COO.
Annelisa	Clinica Sierra Vista	Pending	Emailed Tom W. on 1/13/2026 and sent a follow up on 1/21/2026
Annelisa	Kern, Inyo and Mono Counties Central Labor Council, AFL-CIO	Pending	Emailed Tania on 1/13/2026 and followed up on 1/21/2026 Tania has shared they will be purchasing a table - Will be bring this item to her March board meeting
Celeste	Bolthouse Fresh	Pending	Said they want to sponsor but unsure about the amount.
Celeste	Gazelle Transportation	Pending	Said they are interested.
Lara	Colombo Construction	Catherine to follow-up	Ryan emailed back on 1/27 and will get back to us.
Lara	Moneywise	Catherine to follow-up	Lara- Emailed Emily & Sherod on 1/14/26
Lara	Oasis Air & Solar	Catherine to follow-up	Emailed Ed on 1/14/26
Lara	Kern County Public Health	Pritika to follow-up	Emailed Michelle on 1/14/26.
Lara	Garden Pathways	Pritika to follow-up	Emailed Juan on 1/14/26.
Lara	Golden Empire Gleaners	Susana to follow-up	Emailed Debbie on 1/14/26.
Lara/Denise	Bristol Hospice	Denise- waiting on response	Emailed Cory on 1/14/26 3/9 Denise reached out. Waiting to hear back
Catherine	Hall Ambulance		Left message-no reply

Catherine	Agwest		sent email 1/26/2026/sent follow-up 3/3
Lara	The Marcom Group		Emailed Dave on 1/14/26
Annelisa	Blue Zones Project		Emailed Susan on 1/13/2026 and sent a follow up on 1/21/2026
Annelisa	Kern Energy		Looking for a contact
Annelisa	Grand Canyon University		Emailed Tom K. on 1/21/2026
Celeste	AgriSciences		
Celeste	Kirschenman Enterprises		
Celeste	BASF		
Celeste	Clifton Larson and Allen (CLA-CPAs)		
Celeste	ChrisCo Bits		
Celeste	Grapery		
Celeste	Heffernan Insurance		
Celeste	HUB International		
Celeste	Kern Golden Girls		
Celeste	SpectrumDATA		
Celeste	Telus Agriculture		
Celeste	Wells Fargo		
Celeste	Williams Adams & Company, CPAS		
Leslie	Laurel Ag & Water		
Leslie	Salty's		
Leslie	Tejon Ranch		
Ariana	Jeff Flores		
Ariana	Elected Officials	Savannah can help	

Ariana	KCCD		
Ariana	Johnston Farms		
Lillian	Four Star Fruit		
Waiting	North Bakersfield Toyota/Car Dealer		Meeting with Mike Riar on 3/18 about Lexus/Motor City
Vendor Letter	Econo-West		
Vendor Letter	Auto Cell Electronics		
Celeste	Bolthouse Properties	Declined	Declined
Catherine	Terra-Gen	Declined	sent email to Linda Parker 1/26
Catherine	Clearway	Declined	sent email to Linda Parker 1/26
Catherine	Blattner Energy	Declined	Declined
Lara	PENTA	Declined	Declined
Lara	Dignity Health Medical Network	Declined	Emailed Amber on 1/13/26- Said they aren't sure if they have the budget. Check back later in the year.
Lara	Teter, Inc	Declined	Emailed Betty on 1/14/26
Lara	Leeward Renewable Energy	Declined	Emailed Amanda on 1/14/26



Helping People...Changing Lives.

Housing & Supportive Services Division

Emergency Shelter	Client Services	Enhanced Care Management	Veterans Supportive Services
M Street Navigation	Coordinated Entry System	ECM Homeless POF	Bridge Housing
Safe Camping	Adult Re-entry	Community Health Worker (CHW)	Service Intensive Transitional Housing
Safe Parking	Cal-AIM Housing Trio	Day Habilitation Services	Supportive Services for Veterans and Families
Scattered Site Youth Shelter	*HOME Tenant Based Rental Assistance	*Asthma Remediation	Covey Cottages (PSH)
	*Day One-Pioneer Drive Housing (PSH)	*Home Modification	Resident at Easthills (PSH)
			Park 20 th (PSH)

- ▶ The Housing & Supportive Division operates currently operates programs that involve housing insecurity and homelessness under 4 different categories.
- ▶ * indicates programs that have been funded and are in the process of implementation



M Street Navigation Center

2900 M Street, Bakersfield, CA 93301

Program Summary

147 beds &
Shelter
Services/42
Tents SC

Adults 18 & Up

Food

Clothing

Personal hygiene
items

Laundry services

Personal
possession
storage

Pet care and
Kennels

Building Self-Sufficiency

Financial Literacy

Nutrition Classes

Mental Health/Substance Abuse Services

Dental/Medical

Bible Study, Relapse Prevention

Public Defender Services

Seeking Safety, Seeking Strength

M Street Café

Medi-Cal Assistance

Relationship building

ETR, Adult School Recycling Lives

Bakersfield College/Cityserve Project Hire-Up

Vita

Program Highlights— Housing IS THE GOAL! 5/2020-3/2026

TOTAL CLIENTS SERVED: 5/20-2/26

M STREET- 3,575

SAFE CAMP- 6/22-2/26- 527

TOTAL PLACED IN PERMANENT SUPPORTIVE
HOUSING:

M STREET- 474

SAFE CAMP- 94



Different Journeys...



Welcome Home!





Veteran Supportive Services (VSS)





Grant Per Diem

- ▶ **Bridge Housing:** A short term (90 Day) transitional housing option for unsheltered veterans. This program provides a stable environment and essential support services to help veterans successfully transition into permanent supportive housing.
- ▶ **Service Intensive Transitional Housing (SITH):** Up to 24 months of housing support for unsheltered veterans with high barriers to housing, such as limited income, ineligibility for subsidies, or medical and mental health challenges.
- ▶

Supportive Services for Veterans and Families (SSVF)



- Provides Homeless Prevention and Rapid Re-Housing to low-income veterans and their families with rental assistance, case management, and connection to community resources.



Covey Cottages

- ▶ 12-unit permanent supportive housing project.
 - ▶ Fully furnished
 - ▶ Case management
 - ▶ Laundry
 - ▶ Community room
-
- ▶ <https://youtu.be/-WhEdTQCzrl?si=NfUfWB1h3Zu4oid0>



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Rebecca Moreno
**Director of Housing &
Supportive Services**
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At CAPK, we welcome individuals experiencing homelessness with compassion and respect, offering more than a place to sleep. The M Street Navigation Center provides shelter beds, safe camping and parking, daily meals, mental health support, medical care, case management, and housing services through dedicated staff and local partners. Our mission goes beyond meeting basic needs, we work to restore dignity, create stability, and help people take the next step toward a safer, more hopeful future.



ENDING HOMELESSNESS

Meal Sponsor

Your company or organization can make a meaningful impact helping to provide a warm, nourishing meal for the clients served at the Center. Your support brings comfort, dignity, and a sense of community for our clients. Sponsors also have the opportunity to be volunteer servers the day of the event.

Population Served: 210 Homeless Adults daily.



Guardian Sponsor \$5,000

- Name recognition as **Guardian Sponsor** prominently displayed in lobby at the Center.
- Prominent recognition in agency newsletter.
- Social media post highlighting donation.
- Company logo displayed on CAPK Foundation website with link to your website.

Strength Sponsor \$2,500

- Name recognition as **Strength Sponsor** prominently displayed in lobby at the Center.
- Social media post highlighting donation.
- Company logo displayed on CAPK Foundation website with link to your website.

Hope Sponsor \$1,000

- Name recognition as **Hope Sponsor** prominently displayed in lobby at the Center.
- Social media post highlighting donation.



CAPK's Veteran Supportive Services (VSS) Program helps veterans and their families find stability through housing assistance, case management, and access to essential resources. From emergency shelter to permanent supportive housing, VSS is committed to restoring dignity and supporting long-term self-sufficiency for those who served.



HELPING VETERANS

OCTOBER 2026



STRAMLER PARK

SPONSORSHIP OPPORTUNITIES

The annual Kern County Veterans Stand Down is a resource fair offering housing, healthcare, jobs, and hope to hundreds of veterans and their families. Your sponsorship makes it happen and shows our community you stand with those who stood for us.

PRESENTING SPONSOR \$10,000

- Exclusive Host & Prominent signage at the Veteran Entrance
- Opportunity for company representative to speak at the event
- Premium stage visibility – Signage on the front of the main stage
- Recognition on official event social media platforms
- On-site acknowledgement at your provider booth

PREMIER SPONSOR \$5,000

- Host & Signage at the Volunteer Entrance
- Stage visibility – Signage on the side of the main stage
- Recognition on event social media platforms
- On-site acknowledgement at your provider booth

PATRON SPONSOR \$1,500

- Recognition on official event social media platforms
- Company Logo recognition on event signage
- On-site acknowledgement at your provider booth

COMMUNITY SPONSOR \$500

- Company Logo recognition on event signage