

**AGENDA OF THE REGULAR MEETING OF
THE BOARD OF DIRECTORS OF THE
HOUSING AND OPPORTUNITY FOUNDATION
OF KERN, LOCATED AT: 601 24th ST.,
BAKERSFIELD, CALIFORNIA TO BE HELD
ON TUESDAY, JANUARY 16, 2024, AT: 11:30
A.M.**

1. **Call to Order**, Roll Call, and Introduction of Guests
2. **Adoption of Agenda**
3. **Approval of the Minutes** of the Regular Meeting on 10-17-23 and Special Meeting held on 11-8-23 at 601 24th Street.
4. **Reports from the Chair-Woman and/or Directors of the Board**
5. **Finance Committee Report**
6. **Financial Report**
7. **Approval of Annual Tax Returns**
8. **Annual Report**
9. **Fundraising Committee Selection**
10. **Authorization to recommend Brooke Ary to the Foundation for a Three-Year term**
11. **Executive Director Report**
12. **Next Meeting**

The next regular meeting of the Board of Directors of the Housing and Opportunity Foundation of Kern will be held on **Tuesday, April 16th at 11:30 a.m.**, at the Housing Authority's Central Office Large Conference Room, located at: 601 – 24th Street, Bakersfield, California.

13. **Adjournment**

If you require **special assistance** to participate in this Meeting, please call: 661-631-8500, ext. 1410, to make reasonable arrangements to ensure accessibility to this Meeting. For the hearing impaired, requests can be made via the California Relay Service at the numbers below:

TTY:	1-800-735-2929
Voice:	1-800-735-2922
Spanish:	1-866-734-2766
Speech to Speech:	1-866-734-2305

Requests for assistance should be made at least two (2) days in advance whenever possible. This is to certify that this Agenda was posted at: The Housing and Opportunity Foundation of Kern's office, located at: 601 -24th Street, Bakersfield, CA 93301, on July 9, 2021. Documents submitted to a majority of the Foundation Directors fewer than 72 hours prior to a public meeting are available for public inspection at the public counter of the Housing and Opportunity Foundation of Kern's office, located at: 601 – 24th Street, Bakersfield, CA 93301, as soon as they are distributed to Foundation Directors.

H. Kimmel

Housing & Opportunity Foundation of Kern
Agenda Item Submission Sheet

Date: January 16, 2024

TITLE: Approval of Minutes

SUBMITTED BY: Heather Kimmel

SUPPORTING DATA: Minutes

NARRATIVE:

Attached are the minutes from the July 2023 Regular Meeting, October 2023 Regular Meeting, and the November 2023 Special Meeting for review and approval.

5. **Reports from the Chair and/or Directors of the Board**

Chair Janssen had no updates to report.

Director Jassar thanked everyone for their participation in the 2023 Max Bacerra Scholarship Project. This year was the most scholarships granted which will impact the biggest amount of residence since existence of scholarship program.

Director Bacerra requested that Board Members allocate time next year to be present at the Scholarship ceremony.

6. **Financial Report**

Executive Director Kimmel requested to move to the end of the agenda to allow Petra Bantum to join the meeting.

7. **Approval of the 2023-2024 Amended Budget**

Executive Director Kimmel revised annual budget based on strategic planning meeting held in April 2023 which reflected the Board's request of funding priorities; increasing program line items, and addition of new programs.

Requesting official approval of the following;

- Increase Jessica's Christmas from \$6,000 to \$8,000.
- Increase Helping Hands from \$3,000 to \$10,000 and fold in assistance with housekeeping assistance along with barriers our new building hope clients might have.
- Added a line item for Senior Social Activities funded at \$3,000.
- Added a line item for a back-to-school drive and funded at \$10,000.
- Added a line item for a life skills program for teenagers that will include a college campus tour funded at \$3,000.
- Increased the Building Hope Conference from \$15,000 to \$20,000.
- Keep the Max Bacerra Scholarships at \$10,000.
- Added a line item to keep Bowers Book Depot re-stocked and maintained each year funded at \$2,000.
- Kept the WIN program funded at \$6,000 with the revenue from paid back loans.
- Kept the employment and training workshops that are funded through Wells Fargo.
- Kept My Financial Academy that is funded through Wells Fargo.
- Kept Credit Counseling that is funded through Wells Fargo.
- Added a onetime investment for:
 - Upgraded computer labs \$50,000. Housing Authority IT person has already started taking inventories and supply list.
 - Tablets for kids participating in activities \$20,000-\$30,000.
 - Furniture and supplies for the sites \$50,000-\$80,000.

Executive Director Kimmel informed that line on budget in Revenue section of Transfer in from Reserves, would have to bring in \$154,700 from reserves. Approximately \$360,000 that is sitting will help fund all these activities being agreed to bring on almost \$155,000 from that nest date which is contingent based on raising \$80,000 at the fundraiser. If less is raised then will need to bring in more from the reserves to meet the budget.

Director Bacerra inquired about the upgraded computer labs and tablets. Wants to know how soon and when will the funding be allocated to be able to have them available for the youth.

Executive Director Kimmel confirmed that immediately after meeting approval, staff would be informed to begin making purchases to be available by the return of school year.

A motion was made to Approve the Revised Budget for 2023 -2024 as presented by Director Hill and seconded by Director Abiaoui. It was carried by Director Bacerra, Director Jassar, Director Slade.

Absent: Vice-Chair Smith-Sweeny, Director Mello, Director Bowers. There were no abstentions.

8. Authorization to submit Credit Card application with Valley Strong Federal Credit Union

Executive Director Kimmel informed during last meeting Board gave authorization to obtain debit cards from Valley Strong Credit Union for Angela Brown and Cecilia Toquillas to make department purchases and not need to use Heather's issued debit card. Unfortunately, Valley Strong Credit Union only issues debit cards to authorized signers to the account. Since that is not an option, inquired about credit card options. Seeking approval to submit a credit card application with Valley Strong since they do not require a guarantor. Each individual card holder will provide their own social security number but that would be just to attach to the line of credit and not against personal credit. Suggesting a Visa Rewards card which will give 1% back on all purchases, no annual fee, APR is 14.25% to 18% but if paid by due date not interest would be assets any interest. Can apply for credit line from \$5,000 to \$100,000. Recommending to apply for \$10,000 which would be allocated \$3,000 for Angela, \$3,000 for Cecilia, & \$4,000 for Heather. Application submission requires recent tax return, minutes showing the authorization to submit the application, balance and profit statement, along with a balance sheet.

Director Abiaoui inquired if the foreseen purchases listed on the budget will be paid using the account reserves or with the credit card since there is an ability to apply up to \$100,000.

Executive Director Kimmel confirmed checks would be used for certain purchases and vendors.

Director Abiaoui suggests to apply for the credit cards with an increased limit of \$50,000 and use the credit cards for the purchases and pay it off to take advantage of the 1% reward on all purchases and not accrual any interest. Using credit card is more secure against fraud oppose to using a debit card or check.

Executive Director Kimmel requested approval of credit card line of credit being \$50,000 which would be allocated to \$5,000 for Angela Brown, \$5,000 for Cecilia Toquillas, and \$40,000 for Heather Kimmel.

Director Abiaoui suggest Heather Kimmel to have access to all the cards and assume the policy of money wise for credit card expenses. Policy to should consist of having an expenditure report in place. Report to be submitted at the end of every month explaining every line item so that Heather is in control of budget and expenses.

Director Hill inquired if credit card application requires signature from Board Authorized signer. Executive Kimmel clarified that it is not necessary if the minutes are attached.

Director Abiaoui recommends reaching out to Valley Strong Credit Union about possible Money Market or CD accounts for reserve funds being restricted or not being used.

Chair Janssen suggests to obtain information on options of Money Market or CD accounts to be brought to Board at next meeting.

A motion was made for Authorization to submit Credit Card Application with Valley Strong Credit Union by Director Bacerra and Director Abiaoui. It was carried by Director Hill, Director Jassar, Director Slade.

Absent: Vice-Chair Smith-Sweeny, Director Mello, Director Bowers. There were no abstentions.

9. Fundraising Committee Report

Chair Janssen confirmed this year's annual fundraiser event is scheduled for Friday, September 15, 2023 at the Luigi's Warehouse. Venue was selected due to the value price, quality of food, amenities, services provided, and great reputation. Theme is "Rock the Foundation" with live entertainment provided by local band Foster Campbell and Friends. Venue, food, entertainment, floral, and photo booth have been locked. Still working on valet service and video shoot.

The planned expense of \$28,000 for the event is anticipating 250 guests.

To date a total of \$26,000 has raised but still need \$2,000 to break even. Still waiting for three donors who have agreed to sponsor but have not indicated amount level.

Director Hill inquired if sponsorship packet was sent to Board Members via email.

Executive Director Kimmel confirmed that it was sent early spring but will resend to everyone.

Director Hill will sponsor \$1,500.

Director Abiaoui will sponsor \$1,500.

Director Bacerra will sponsor \$1,500.

Chair Janssen suggests that Board Members connect Heather with any potential sponsors they may have that they prefer Heather to contact.

No Action was taken

Item Carried over:

10. Financial Report

Director Kimmel recap of Financial Report same format as annual budget. List what was approved verse what was received and expended. Revenue was planned to be at \$119,085 and we have collected \$207,129.24 which means we are on track with revenue.

Expenditures were over expended based on the planned expenditures due to old Wells Fargo grants that were still open from 2020 Covid Grant, 2021 Employment and Home Ownership grant which have been spent down on eligible expenses. Although it is captured to shows we are over expended but it is because of the old open grants.

Executive Director Kimmel expressed that the statement reports contain the same information in different formats. Executive Director Kimmel asked to schedule a future meeting with Director Hill, Petra Bantum, and herself to find a way to consolidated the four different reports to one report.

Chair Janssen asked to be invited to meeting.

Executive Director Kimmel went over statement and activities breakdown by category line item which shows budget and total amount spent. No concerns regarding financial. Expressed that there will be a continuance in closing out old grants and relaunching programs. Expect expenditures to continue increasing.

No action was taken.

11. **Executive Director Report**

Introduction of internal restructuring to ensure Board Members receive proper administrative support from Angela Brown & Cecilia Toquillas whom will facilitate all future board meetings.

Update on programs activities:

- Relaunch of STEAM program from grant received by Chevron before pandemic. Current project is building a roller coaster. Participating sites are Almond Village, Lost Hills, Beckes, & Homer Harrison.
- Held first Building Hope Conference in May 2023, which is the rebranding of the FSS Conference. This was the largest turn out of attendees to date.
- Max Bacerra Scholarships which awarded 25 recipients in June 2023. This was the largest amount to date.
- First grand opening & ribbon cutting for the Bowers Book Depot's which was coordinated with the Kern County Network for Children's Leadership program who installed a total of 7 little libraries. Currently planning a grand opening for all the other little libraries.

12. **Next Meeting**

The next meeting of Board of Directors – Housing and Opportunity Foundation of Kern will be held on **Tuesday, October 17, 2023 at 11:30 a.m.**, at the Housing Authority's Central Office Board Room, located at: 601 24th Street – Bakersfield, CA 93301.

13. **Adjournment**

The Regular Meeting of the Board of the Housing and Opportunity of the County of Kern was Adjourned.

A motion was made to Adjourn the Regular Meeting of the Housing and Opportunity Foundation of Kern by Director Slade seconded by Director Abiaoui. It was carried by Director Bacerra, Director Hill, Director Jassar.

Absent: Vice-Chair Smith-Sweeny, Director Mello, Director Bowers. There were no abstentions.

**MINUTES OF THE REGULAR MEETING OF THE
BOARD OF DIRECTORS OF THE HOUSING AND
OPPORTUNITY FOUNDATION OF KERN, TO BE
HELD AT: 601 24th ST., BAKERSFIELD,
CALIFORNIA ON TUESDAY, OCTOBER 17, 2023
AT: 11:30 AM**

1. Call to Order, Roll Call, and Introduction of Guests

Director Janssen initiated the Regular Meeting of the Board of Directors of the Housing and Opportunity Foundation of Kern, held at 601 24th Street, Bakersfield, California on Tuesday, July 18, 2023, at 11:54 a.m.

Present Directors: Jessica Janssen, Gabriela Mello, Raju Jassar, Andrea Hill
HA Staff: Heather Kimmel, Petra Bantum, Mardi Sharples
Absent: Michael Bowers, Shontay Smith-Sweeny, Samy Abiaoui,
Max Bacerra, Dee Slade,

2. Adoption of Agenda

No Quorum was established and the agenda could not be adopted

3. Approval of the Minutes of the Regular Meeting on July 18th 2023, held at 11:30 a.m.

No Quorum was established and the minutes could not be adopted

4. Reports from the Chair and/or Directors of the Board

Chair Janssen had no updates to report.

5. Financial Report

CFO Bantum recapped the financial report documents.

Executive Director Kimmel expressed that the statement reports contain the same information in different formats. Executive Director Kimmel stated that she wishes to see these reports consolidated to make reporting easier and more straight forward.

6. Fundraising Committee Report

Executive Director Kimmel shared that this year's fundraiser brought in \$64,000 and the event cost \$23,384 for a net profit of \$40,622. She stated that there were 135 people in attendance during the event. Staff who worked the event made the following observations. Attendees would have liked to have more raffle items, people wanted to pay with a cash app, the photo booth broke down too early, people liked the event format. Director Hill recommended that staff look into Give Butter for cash app options.

7. Authorization to Recommend the Reappointment of Gabriela Mello, Max Bacerra, and Raju Jassar to the Board of Directors for a Three-Year Term

No Quorum was established and no action could be taken

8. Authorization to Form a Finance Committee

No Quorum was established and no action could be taken

9. Executive Director Report

Executive Director Kimmel informed the board that the 2022 audited financials were not ready and that there would be a need for a special meeting to review and approve them. She shared that the credit card application with Valley Strong was approved and that staff signed a credit card agreement before their cards were distributed to them. She also shared that a board member requested name badges for the board and asked if the rest of the board would like one. Members present stated that they would like to have one.

Executive Director Kimmel reported out on the first annual back to school drive and stated that it was a success. She also shared several other program updates.

10. Next Meeting

The next meeting of Board of Directors – Housing and Opportunity Foundation of Kern will be held on **Tuesday, November 8, 2023 at 1:00 p.m.**, at the Housing Authority's Central Office Large Conference Room, located at: 601 24th Street – Bakersfield, CA 93301.

11. Adjournment

The Regular Meeting of the Board of the Housing and Opportunity of the County of Kern was Adjourned by consensus.

**MINUTES OF THE SPECIAL MEETING OF THE
BOARD OF DIRECTORS OF THE HOUSING
AND OPPORTUNITY FOUNDATION OF KERN,
TO BE HELD AT: 601 24th ST., BAKERSFIELD,
CALIFORNIA ON TUESDAY, NOVEMBER 8,
2023 AT: 1:00 PM**

1. Call to Order, Roll Call, and Introduction of Guests

Director Janssen initiated the Special Meeting of the Board of Directors of the Housing and Opportunity Foundation of Kern, held at 601 24th Street, Bakersfield, California on Tuesday, November 8, at 1:12 p.m.

Present Directors: Max Bacerra, Jessica Janssen, Raju Jassar, Gabriela Mello
Andrea Hill, Dee Slade
HA Staff: Heather Kimmel, Petra Bantum, Mardi Sharples
Absent: Michael Bowers, Samy Abiaoui, Shontay Smith-Sweeny,

2. Adoption of Agenda

A motion was made to Approve the Agenda by Director Slade and seconded by Director Mello. It was carried by Chair Janssen, Director Jassar, Director Bacerra, Director Hill. Absent: Vice-Chair Smith-Sweeny, Director Abiaoui, Director Bowers. There were no abstentions.

3. Approval of Draft 2023 Financial Report

Executive Director Kimmel presented the draft 2023 Audited Financial Report. She shared that the Foundation ended the year with \$74,869 more in assets than the previous year. She also noted an increase of \$55,423 in cash over the previous year.

A motion was made to Approve the Audited Financial Report by Director Hill and seconded by Director Jassar. It was carried by Chair Janssen, Director Mello, Director Bacerra, Director Slade. Absent: Vice-Chair Smith-Sweeny, Director Abiaoui, Director Bowers. There were no abstentions.

4. Authorization to Recommend the Reappointment of Gabriela Mello, Max Bacerra, and Raju Jassar to the Board of Directors for a Three-Year Term

Executive Director Kimmel explained that this is a request for retroactive authorization as the Housing Authority's Board took action on the item the previous week. Since there was not quorum at the October Meeting HOFK board approval could not be obtained prior to the Housing Authority Meeting.

A motion was made to Authorize the retroactive recommendation of reappointment for Gabriela Mellos, Max Bacerra, and Raju Jassar by Director Hill and seconded by Chair Janssen. It was carried by Director Jassar, Director Mello, Director Bacerra, Director Slade. Absent: Vice-Chair Smith-Sweeny, Director Abiaoui, Director Bowers. There were no abstentions.

5. Authorization to form a Finance Committee

Executive Director Kimmel shared that Director Hill reached out to her and asked to set up a meeting to discuss the Foundations financial position. Director Hill stated to Executive Director Kimmel during this call that she felt we could be earning more interest on the money we are holding in our savings account. Based on that conversation, Executive Director Kimmel requested the appointment of a Finance Committee to review the Foundations savings and recommend ways to earn more interest.

Andrea Hill, Sami Abiaoui, Heather Kimmel, and Petra Bantum were nominated to the Finance Committee.

A motion was made to form the Finance Committee and appoint Director Hill, Director Abiaoui, Executive Director Kimmel, and CFO Bantum by Director Slade and seconded by Director Bacerra. It was carried by Director Jassar, Director Mello, Chair Janssen, Director Hill.

Absent: Vice-Chair Smith-Sweeny, Director Abiaoui, Director Bowers. There were no abstentions.

6. Next Meeting

The next meeting of Board of Directors – Housing and Opportunity Foundation of Kern will be held on **Tuesday, January 16, 2024 at 11:30 a.m.**, at the Housing Authority's Central Office Large Conference Room, located at: 601 24th Street – Bakersfield, CA 93301.

7. Adjournment

The Special Meeting of the Board of the Housing and Opportunity of the County of Kern was Adjourned.

A motion was made to Adjourn the Regular Meeting of the Housing and Opportunity Foundation of Kern by Director Jassar seconded by Director Mello. It was carried by Director Bacerra, Director Hill, Chair Janssen, Director Slade.

Absent: Vice-Chair Smith-Sweeny, Director Bowers. There were no abstentions.

Housing & Opportunity Foundation of Kern
Agenda Item Submission Sheet

Date: January 16, 2024

TITLE: Reports from the Chair-Woman and/or Directors of the Board

SUBMITTED BY: Heather Kimmel

SUPPORTING DATA: N/A

NARRATIVE:

Housing & Opportunity Foundation of Kern

Agenda Item Submission Sheet

Date: January 16, 2024

TITLE: Finance Committee Report

SUBMITTED BY: Heather Kimmel

SUPPORTING DATA: Bank Account Dashboard; Money Market and CD Brochure

NARRATIVE:

The Finance Committee met on 11/15/23 do discuss ways that HOFK can earn better interest on reserve funds. The following recommendations are being brought forward as a result of that meeting:

1. Hold a balance of \$50,000 in Checking to cover one year of program operations
2. Open a Money Market Account and transfer \$120,000 to it. This account will earn 3.75% APY as opposed to the .10% APY in the savings account
3. Place the remaining funds into two 6 month CD's that are purchased three months apart from each other. The CD's will earn 5.10% APY and the funds can be re-invested.

In addition, the CFO was directed to simplify the financial reports so that they are more straight forward and come directly from the financial software.

The Finance Committee requests board approval for the Executive Director to open the Money Market Account and to move forward with the purchase of the CD's.



**VALLEY
STRONG**
CREDIT UNION



GROW YOUR BUSINESS

3.75%¹ APY

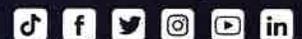
SMART BUSINESS MONEY
MARKET ACCOUNT



¹3.75% annual percentage yield (APY) is based on an interest rate of 3.68%. Offer valid as of 2/1/23. \$1,000 minimum deposit of new funds required and must be maintained to retain the promotional APY. After promotion period ends, rates are subject to change. Fees may reduce earnings. This is a variable account. Valley Strong Membership is required. Offer ends 9/30/23.

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**VALLEY
STRONG**
CREDIT UNION



**GROW YOUR
BUSINESS SAVINGS**

5.10%¹ APY | 5.25%² APY

6-MONTH BUSINESS CERTIFICATE

¹Eligibility for the 5.10% annual percentage yield (4.985% rate) 6-month business share certificate is as follows: New Membership must be established between 12/15/2023 – 3/31/2024. Membership must include an open business checking account and an open business share savings account in good standing for the entirety of each calendar month to earn 5.10% APY. Minimum balance of \$1000. Valley Strong Membership is required. Not valid for IRA or consumer certificates. Penalties may be assessed for early withdrawal. Fees may reduce earnings.

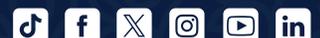
²Membership must include each of the following product types to earn relationship pricing: Business Checking, Business Share Savings, Consumer Checking, Consumer Share Savings.



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Housing & Opportunity Foundation of Kern
Agenda Item Submission Sheet

Date: January 16, 2024

TITLE: Financial Report

SUBMITTED BY: Petra Bantum

SUPPORTING DATA: Financial Records

NARRATIVE:

Housing & Opportunity Foundation (HOFK)

HOFK - Dec 2023 / FY24

as of 1/10/2024

Statement of Activities

<u>Revenue</u>	<u>Budget</u>	<u>Total To Date</u>
Grants/Contracts	45,000.00	25,000.00
Fundraisers/Events Donations	80,000.00	43,260.03
Donations	0.00	124.80
Interest Earned	0.00	87.36
Miscellaneous Income	0.00	954.26
Microlending Loan Revenue	6,000.00	4,338.05
Transfer In from Reserves	24,700.00	0.00
Total Revenue	155,700.00	73,764.50
<u>Expenses</u>	<u>Budget</u>	<u>Total To Date</u>
Back-to-School Drive	10,000.00	4,820.20
Bower's Book Depot	2,000.00	0.00
Building Hope Conference	20,000.00	0.00
COVID Relief	0.00	248.80
Fundraising Costs	30,000.00	22,832.47
Helping Hands	10,000.00	1,000.00
Insurance	1,200.00	0.00
Jessica's Christmas	8,000.00	4,730.67
Legal/Bank Fees/Other	500.00	68.78
Senior Social Activities	3,000.00	107.21
Scholarships	10,000.00	0.00
Supplies and Materials	500.00	2,242.85
Tax and Financial Reviews	6,000.00	4,650.00
Teen Life Skills Program	3,000.00	0.00
Travel and meetings	500.00	300.52
Employment and Training	20,000.00	0.00
Home Ownership	25,000.00	749.81
Microlending	6,000.00	3,500.00
Total Expenses	155,700.00	45,251.31
Revenue over Expenses	0.00	28,513.19

Housing & Opportunity Foundation (HOFK)

HOFK - Dec 2023 / FY24

as of 1/10/2024

Statement of Financial Position

ASSETS

Cash-Undesignated (Cash - Unrestricted)	306,911.27
Cash- Restricted (Grant/Contracts)	154,137.01
Tenant A/R	26,968.84
Other A/R	1,928.34
Total Assets	<u>489,945.46</u>

LIABILITIES

Advances from Title V/Housing Authority	19,000.00
Tenant Pre Paid rent	2,355.27
Total Liabilities	<u>21,355.27</u>

EQUITY

Unrestricted - URA	314,453.18
Restricted - RNA	154,137.01
Total Equity	<u>468,590.19</u>
Total Liability and Equity	<u>489,945.46</u>

Housing & Opportunity Foundation of Kern
Agenda Item Submission Sheet

Date: January 16, 2024

TITLE: Authorization to Approve the Annual Tax Return

SUBMITTED BY: Heather Kimmel

SUPPORTING DATA: Form 990

NARRATIVE:

During the Special Board Meeting in November 2023 the audited financials were approved allowing the auditors to prepare the Form 990 tax return. Provided for you during the meeting are copies of the return for review and approval.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

DRAFT

Housing and Opportunity
Foundation of Kern
601 24th Street, Suite B
Bakersfield, CA 93301

Housing and Opportunity Foundation of Kern:

Enclosed are the original and one copy of the 2022 Exempt
Organization returns, as follows...

2022 Form 990

2022 California Form 199

2022 California Form RRF-1

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please
contact us if you have any questions concerning the tax
return.

Sincerely,

Reann Richardi, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared for	Housing and Opportunity Foundation of Kern 601 24th Street, Suite B Bakersfield, CA 93301
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

EIN or SSN
****-***9806**

Name and title of officer or person subject to tax **HEATHER KIMMEL
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>161,353.</u>
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **DANIELLS PHILLIPS VAUGHAN & BOCK** to enter my PIN **28370**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

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

77288693309

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

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

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

Form **8879-TE** (2022)

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. HOUSING AND OPPORTUNITY FOUNDATION OF KERN	Taxpayer identification number (TIN) ** - ***9806
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 601 24TH STREET, SUITE B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BAKERSFIELD, CA 93301	

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

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

THE ORGANIZATION

• The books are in the care of ▶ **601 24TH STREET, SUITE B - BAKERSFIELD, CA 93301**

Telephone No. ▶ **(661) 631-8500**

Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

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

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

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

Return of Organization Exempt From Income Tax

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOUSING AND OPPORTUNITY FOUNDATION OF KERN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 24TH STREET, SUITE B City or town, state or province, country, and ZIP or foreign postal code BAKERSFIELD, CA 93301	D Employer identification number ** - ***9806 E Telephone number (661)631-8500 G Gross receipts \$ 207,130.
F Name and address of principal officer: HEATHER KIMMEL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: KERNOPPORTUNITYFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2011 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: IT IS OUR MISSION TO EMPOWER FAMILIES TO BECOME SELF SUFFICIENT AND IMPROVE THEIR QUALITY OF		
2	Check this box <input type="checkbox"/> 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)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 138,438.	Current Year 193,075.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-15,421.	-31,722.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,017.	161,353.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,000.	24,305.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	70,349.	81,754.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80,349.	106,059.
19 Revenue less expenses. Subtract line 18 from line 12	42,668.	55,294.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 362,596.	End of Year 437,465.
	21 Total liabilities (Part X, line 26)	1,338.	20,913.
	22 Net assets or fund balances. Subtract line 21 from line 20	361,258.	416,552.

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 HEATHER KIMMEL, EXECUTIVE DIRECTOR	Date
Paid Preparer Use Only	Print/Type preparer's name REANN RICHARDI, CPA	Preparer's signature
	Firm's name DANIELLS PHILLIPS VAUGHAN & BOCK	Date
	Firm's address 300 NEW STINE ROAD BAKERSFIELD, CA 93309	Check if self-employed <input type="checkbox"/> PTIN P01803841
		Firm's EIN ** - ***2229 Phone no. 661-834-7411

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

HOUSING AND OPPORTUNITY
FOUNDATION OF KERN

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:
**TO RAISE FUNDS FOR AND OTHERWISE CONDUCT OR SUPPORT PROGRAMS AND
ACTIVITIES THAT BENEFIT PARTICIPANTS OF HOUSING AUTHORITY OF THE
COUNTY OF KERN PROGRAMS AND OTHER LOW- INCOME FAMILIES.**

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 \$ 15,583. including grants of \$) (Revenue \$)
**THE PURPOSE OF THE HELPING HANDS FUND IS TO PROVIDE FOR THE BASIC NEEDS
OF PROGRAM PARTICIPANTS. THOSE NEEDS ARE RELATED TO BASIC HOUSING,
FOOD, CLOTHING, AND ONE TIME ASSISTANCE. FAMILIES WHO ARE STRUGGLING TO
MEET THEIR BASIC NEEDS WILL BE ASSISTED AND PROVIDED WITH CASE
MANAGEMENT SERVICES TO IDENTIFY THE ROOT CAUSES OF THE IDENTIFIED NEED.
THE FUND INCLUDES: JESSICA'S CHRISTMAS, FOOD PANTRY, ADOPT-A-CENTER,
AND THE CLOTHING CLOSET.**

4b (Code:) (Expenses \$ 24,834. including grants of \$) (Revenue \$)
**THE PURPOSE OF THE HOUSING COUNSELING FUND IS TO PROVIDE RESIDENTS THAT
ARE ALREADY MEETING THEIR INDIVIDUAL GOALS OR THOSE THAT ARE READY TO
MOVE FROM SUBSIDIZED HOUSING TO THEIR OWN HOME. THE FOCUS WILL BE ON
CREDIT AND ASSET BUILDING WITH THE ULTIMATE GOAL OF RESPONSIBLE
HOMEOWNERSHIP. THE FUND INCLUDES: FINANCE & UPWARD MOBILITY, ASSET
BUILDING, AND HOME OWNERSHIP.**

4c (Code:) (Expenses \$ 24,305. including grants of \$ 24,305.) (Revenue \$)
**THE PURPOSE OF THE OPPORTUNITY FUND IS TO PROVIDE PARTICIPANTS WHO ARE
ACTIVELY ENGAGED IN THE PURSUIT OF SELF-SUFFICIENCY, THE PROGRAMS AND
SERVICES NEEDED TO OBTAIN THEIR GOALS. PARTICIPANTS WILL DEVELOP AN
INDIVIDUAL TRAINING AND SERVICES PLAN TO REMAIN FOCUSED ON THE ULTIMATE
GOAL OF SELF-SUFFICIENCY AND EDUCATION. THE FUND INCLUDES: SCHOLARSHIP
PROGRAM, EDUCATIONAL SERVICES AND ACTIVITIES, AND JOB SEARCH AND CAREER
BUILDING.**

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 64,722.

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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.</i> See instructions	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

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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>	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>		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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	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		0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
		1c

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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	

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	1a	10		
b Enter the number of voting members included on line 1a, above, who are independent	1b	10		
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			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
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			X
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
THE ORGANIZATION - (661) 631-8500
601 24TH STREET, SUITE B, BAKERSFIELD, CA 93301

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

Form 990 (2022)

** - ***9806 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	120,920.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	72,155.			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			193,075.		
Program Service Revenue	2 a _____	Business Code				
	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)					
	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 \$ 120,920. of contributions reported on line 1c). See Part IV, line 18	8a		14,055.		
	b Less: direct expenses	8b		45,777.		
	c Net income or (loss) from fundraising events			-31,722.		-31,722.
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	11 a _____	Business Code				
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			161,353.	0.	0.	-31,722.

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

Form 990 (2022)

** - ***9806 Page 10

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	24,305.	24,305.		
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	5,855.		5,855.	
c Accounting				
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.)				
12 Advertising and promotion	895.		895.	
13 Office expenses	9,902.		9,902.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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				
22 Depreciation, depletion, and amortization				
23 Insurance	1,160.		1,160.	
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 HOUSING COUNSELING	24,834.	24,834.		
b BAD DEBTS	23,525.		23,525.	
c HELPING HANDS	15,583.	15,583.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	106,059.	64,722.	41,337.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

Form 990 (2022)

** - ***9806 Page 11

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	347,742.	1	437,465.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	14,854.	4	0.	
	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		9		
	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)		362,596.	16	437,465.	
Liabilities	17 Accounts payable and accrued expenses	1,338.	17	1,913.	
	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		0.	25	19,000.
	26 Total liabilities. Add lines 17 through 25		1,338.	26	20,913.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	210,460.	27	276,596.	
	28 Net assets with donor restrictions	150,798.	28	139,956.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	361,258.	32	416,552.	
33 Total liabilities and net assets/fund balances	362,596.	33	437,465.		

Form 990 (2022)

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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	161,353.
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,059.
3	Revenue less expenses. Subtract line 2 from line 1	3	55,294.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	361,258.
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	
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	416,552.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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.	X	
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? _____		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 _____		

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	137,889.	220,019.	76,783.	138,438.	207,130.	780,259.
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	137,889.	220,019.	76,783.	138,438.	207,130.	780,259.
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)						13,790.
6 Public support. Subtract line 5 from line 4.						766,469.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	137,889.	220,019.	76,783.	138,438.	207,130.	780,259.
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						780,259.
12 Gross receipts from related activities, etc. (see instructions)					12	65,130.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.23 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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

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?		
b A family member of a person described on line 11a above?		
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 .		
11a		
11b		
11c		

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.		
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.		
1		
2		

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?		
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).		
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.		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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 and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over 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.			
2a			
2b			
3a			
3b			

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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

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

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

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

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

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2022

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
DIGNITY HEALTH	20,000.	4,395.
CITIZENS BANK	25,000.	9,395.
Total Excess Contributions to Schedule A, Part II, Line 5		13,790.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

HOUSING AND OPPORTUNITY
FOUNDATION OF KERN

Employer identification number

-*9806

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).

Name of organization HOUSING AND OPPORTUNITY FOUNDATION OF KERN	Employer identification number ** - ***9806
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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	CHEVRON 9525 CAMINO MEDIA BAKERSFIELD, CA 93311	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WALLACE & SMITH CONTRACTORS 3325 LANDCO DRIVE BAKERSFIELD, CA 93308	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DIGNITY HEALTH 420 34TH STREET BAKERSFIELD, CA 93301	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITIZENS BANK 5060 CALIFORNIA AVE STE 100 BAKERSFIELD, CA 93309	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	B&H AUTOMOTIVE GROUP BMW 5400 GASOLINE ALLEY DR BAKERSFIELD, CA 93313	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CALIFORNIA RESOURCES CORP 900 OLD RIVER RD BAKERSFIELD, CA 93311	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOUSING AND OPPORTUNITY FOUNDATION OF KERN	Employer identification number ** - ***9806
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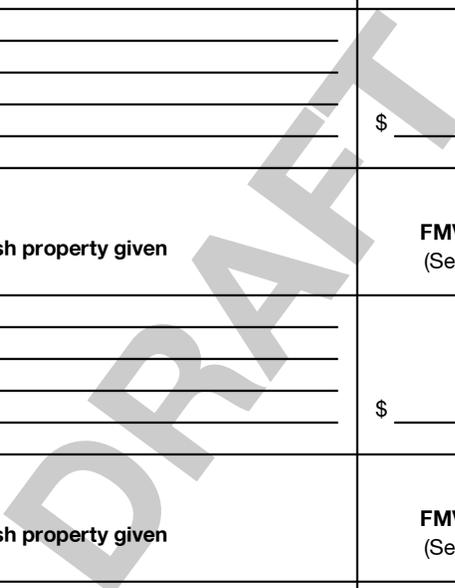
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JONES HALL PROFESSIONAL LAW 475 SANSOME ST., STE 1700 SAN FRANCISCO, CA 94111	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	KERN HEALTH SYSTEMS 2900 BUCK OWENS BLVD BAKERSFIELD, CA 93308	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	PACIFIC WESTERN BANK 11120 STOCKDALE HWY. #101 BAKERSFIELD, CA 93311	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	TRI COUNTIES BANK 5000 CALIFORNIA AVENUE BAKERSFIELD, CA 93309	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	QUALCARE IPA 5080 CALIFORNIA AVE., STE 415 BAKERSFIELD, CA 93309	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CHASE BANK 5660 STOCKDALE HWY BAKERSFIELD, CA 93309	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOUSING AND OPPORTUNITY FOUNDATION OF KERN	Employer identification number ** - ***9806
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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 HOUSING AND OPPORTUNITY FOUNDATION OF KERN	Employer identification number ** - ***9806
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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	
(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	
(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	
(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	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization HOUSING AND OPPORTUNITY FOUNDATION OF KERN

Employer identification number ** - *** 9806

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2022

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **0.**

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTY	19,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	346,235.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	139,105.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	139,105.
3	Subtract line 2e from line 1	3	207,130.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-45,777.
c	Add lines 4a and 4b	4c	-45,777.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	161,353.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	290,941.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	139,105.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	45,777.
e	Add lines 2a through 2d	2e	184,882.
3	Subtract line 2e from line 1	3	106,059.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	106,059.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES

Part XIII Supplemental Information *(continued)*

DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES,
AND ACCOUNTING IN INTERIM PERIODS.

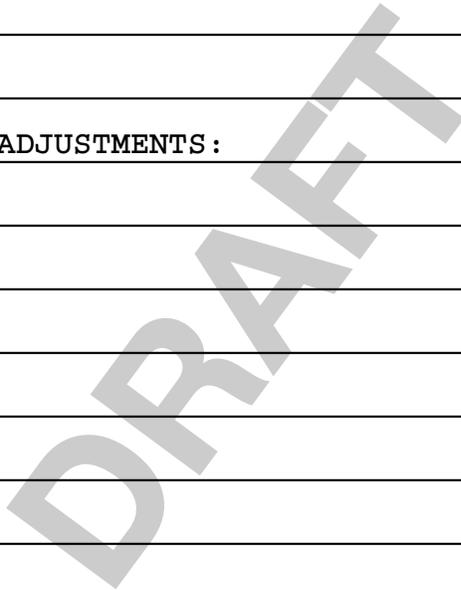
MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT
THEY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE
FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -45,777.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 45,777.



**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	(event type)	1 (total number)		
1	Gross receipts	123,475.		11,500.	134,975.	
2	Less: Contributions	109,420.		11,500.	120,920.	
3	Gross income (line 1 minus line 2)	14,055.			14,055.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,292.			3,292.
	7	Food and beverages	25,950.			25,950.
	8	Entertainment	11,400.			11,400.
	9	Other direct expenses	5,135.			5,135.
10	Direct expense summary. Add lines 4 through 9 in column (d)				45,777.	
11	Net income summary. Subtract line 10 from line 3, column (d)				-31,722.	

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

HOUSING AND OPPORTUNITY
FOUNDATION OF KERN

Part IV Supplemental Information *(continued)*

DRAFT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

Employer identification number
**** - *** 9806**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	29	24,305.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE HOUSING AUTHORITY OF THE COUNTY OF KERN OFFERS THE SCHOLARSHIP AWARDS PROGRAM TO STUDENTS OF ANY AGE THAT ARE HOUSING AUTHORITY RESIDENTS OR SECTION 8 PARTICIPANTS. THESE SCHOLARSHIPS MAY BE USED, AT THE DISCRETION OF THE AWARD WINNERS, FOR COLLEGE, TECHNICAL/TRADE SCHOOL EXPENSES FOR BOOKS, TUITION FEES, TRANSPORTATION, ETC. AWARD WINNERS RECEIVE THEIR SCHOLARSHIP CHECK ONLY WHEN THEY SUBMIT PROOF OF ENROLLMENT (CURRENT CLASS SCHEDULE) IN AN ACCREDITED COLLEGE OR TRADE SCHOOL.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

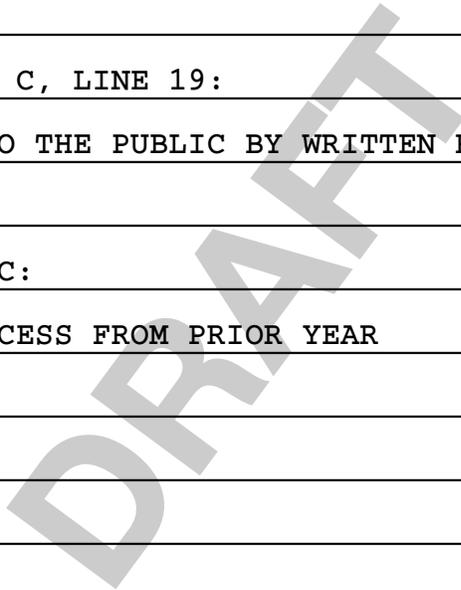
Name of the organization	HOUSING AND OPPORTUNITY FOUNDATION OF KERN	Employer identification number **-***9806
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LIFE.

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 WILL BE DISTRIBUTED TO THE BOARD MEMBERS FOR REVIEW IN
THE FOLLOWING MONTH'S BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 19:
FORMS ARE MADE AVAILABLE TO THE PUBLIC BY WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:
NO CHANGE IN OVERSIGHT PROCESS FROM PRIOR YEAR



**SCHEDULE R
(Form 990)**

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

2022
Open to Public
Inspection

Name of the organization **HOUSING AND OPPORTUNITY
FOUNDATION OF KERN** Employer identification number
**** - *** 9806**

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
HOUSING AUTHORITY OF THE COUNTY OF KERN - 95-6001629, 601 24TH STREET, BAKERSFIELD, CA 93301	GOVERNMENT AGENCY PROVIDING SAFE, AFFORDABLE HOUSING TO KERN COUNTY	CALIFORNIA					X

HOUSING AND OPPORTUNITY

FOUNDATION OF KERN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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) HOUSING AUTHORITY OF THE COUNTY OF KERN	O	139,105.	ACTUAL, IN-KIND SALARIES
(2) HOUSING AUTHORITY OF THE COUNTY OF KERN	E	19,000.	CASH
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

2022 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2023

Prepared for	Housing and Opportunity Foundation of Kern 601 24th Street, Suite B Bakersfield, CA 93301
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	

2022

California Exempt Organization Annual Information Return

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

Corporation/Organization name
**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**

California corporation number
3412753

Additional information. See instructions.

FEIN
**** - ***9806**

Street address (suite or room)
601 24TH STREET, SUITE B

PMB no.

City
BAKERSFIELD

State
CA

ZIP code
93301

Foreign country name

Foreign province/state/country

Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS

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	14,055	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	193,075	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	207,130	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	207,130	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	151,836	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	55,294	00
Filing Fee	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

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.

Sign Here

Signature of officer **EXECUTIVE DIRE** Title Date Telephone

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed PTIN **P01803841**

Firm's name (or yours, if self-employed) and address **DANIELLS PHILLIPS VAUGHAN & BOCK**
300 NEW STINE ROAD
BAKERSFIELD, CA 93309

Firm's FEIN **** - ***2229**
 Telephone **661-834-7411**

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

HOUSING AND OPPORTUNITY
FOUNDATION OF KERN

** - ***9806

228951 01-10-23

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	14,055	00
	2	Interest	•	2		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	•	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	14,055	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	24,305	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	0	00
	12	Other salaries and wages	•	12		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	•	17	127,531	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	151,836	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		347,742		•	437,465
2 Net accounts receivable		14,854		•	
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				•	
10 a Depreciable assets					
b Less accumulated depreciation	()	()			
11 Land				•	
12 Other assets				•	
13 Total assets		362,596			437,465
Liabilities and net worth					
14 Accounts payable		1,338		•	1,913
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities STMT 5					19,000
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		361,258		•	416,552
22 Total liabilities and net worth		362,596			437,465

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	•	55,294	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
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5		55,294	
			55,294

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CHEVRON	9525 CAMINO MEDIA BAKERSFIELD, CA 93311		5,250.
WALLACE & SMITH CONTRACTORS	3325 LANDCO DRIVE BAKERSFIELD, CA 93308		5,000.
DIGNITY HEALTH	420 34TH STREET BAKERSFIELD, CA 93301		15,000.
CITIZENS BANK	5060 CALIFORNIA AVE STE 100 BAKERSFIELD, CA 93309		15,000.
B&H AUTOMOTIVE GROUP BMW	5400 GASOLINE ALLEY DR BAKERSFIELD, CA 93313		5,000.
CALIFORNIA RESOURCES CORP	900 OLD RIVER RD BAKERSFIELD, CA 93311		5,000.
JONES HALL PROFESSIONAL LAW	475 SANSOME ST., STE 1700 SAN FRANCISCO, CA 94111		6,000.
KERN HEALTH SYSTEMS	2900 BUCK OWENS BLVD BAKERSFIELD, CA 93308		7,000.
PACIFIC WESTERN BANK	11120 STOCKDALE HWY. #101 BAKERSFIELD, CA 93311		5,000.
TRI COUNTIES BANK	5000 CALIFORNIA AVENUE BAKERSFIELD, CA 93309		5,000.
QUALCARE IPA	5080 CALIFORNIA AVE., STE 415 BAKERSFIELD, CA 93309		6,000.
CHASE BANK	5660 STOCKDALE HWY BAKERSFIELD, CA 93309		5,000.
TOTAL INCLUDED ON LINE 3			84,250.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 2
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: SCHOLARSHIP AWARD

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NAYLI AGUILAR	463 OLSON AVE - SHAFTER, CA 93263	NONE	1,375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANTHONY BARBER	2700 WHITE LANE , APT #108 - BAKERSFIELD, CA 93304	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ISABELLA BARRERA	2650 SPRUCE AVE, APT #142 - WASCO, CA 93280	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AUDREY CARTER	3345 BERNARD ST. APT # 572 - BAKERSFIELD, CA 93306	NONE	375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAPORSHA GAGE	5001 BELLE TERRACE APT #16 - BAKERSFIELD, CA 93309	NONE	375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CINTHIA LAURA FRIAS	601 24TH STREET, SUITE B - BAKERSFIELD, CA 93301	NONE	800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRENDA MARTINEZ	601 24TH STREET, SUITE B - BAKERSFIELD, CA 93301	NONE	1,350.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FATIMA ROJAS CARRILLO	1010 BEALE AVE #1 - BAKERSFIELD, CA 93305	NONE	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ESMERALDA GARCIA	1513 E. 11TH ST. - BAKERSFIELD, CA 93307	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JUSTINE GARCIA	914 WERNLI COURT - ARVIN, CA 93203	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICARDO GARCIA-PEREZ	532 STOCKTON AVE - ARVIN, CA 92303	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUSAN GARIBY	650 N. MAPLE AVE APT #28 - WASCO, CA 93280	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALEJANDRA GONZALEZ	203 FIRST AVENUE - DELANO, CA 93215	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BIANCA GONZALEZ	305 DOVER DRIVE - DELANO, CA 93215	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DAYTHEN GONZALEZ	6008 NUTMEG DRIVE - BAKERSFIELD, CA 93309	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YAQUELIN GONZALEZ	650 NORTH MAPLE AVE #143 - WASCO, CA 93280	NONE	375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIA HEMMANS	917 FELIZ DRIVIE #A - BAKERSFIELD, CA 93307	NONE	375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TIFFANY JAMES	1081 PLEASANT VALLEY DRIVE - BAKERSFIELD, CA 93311	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DAVID JARA	4837 GREENVIEW LANE - BAKERSFIELD, CA 93308	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRIANNA MCGILL	6008 NUTMEG DRIVE - BAKERSFIELD, CA 93309	NONE	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CESAR PARRA	921 WERNLI COURT - ARVIN, CA 93203	NONE	375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ALEJANDRA RAMIREZ	14859 LAMBERSO AVE #A - LOST HILLS, CA 93249	NONE	375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BERNITA STEWART	11115 ARUNDEL WAY - BAKERSFIELD, CA 93311	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAYLOR THOMAS	3345 BERNARD ST APT 208 - BAKERSFIELD, CA 93306	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FABIOLA VIDOL-MENDOZA	712 SMITH STREET - BAKERSFIELD, CA 93307	NONE	375.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMBER WALKER	601 36TH STREET #110 - BAKERSFIELD, CA 93301	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KEARA WEBB	53 WAINWRIGHT DRIVE #53 - BAKERSFIELD, CA 93308	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARISSA MYERS	601 24TH STREET, SUITE B - BAKERSFIELD, CA 93301	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARIA GONZALEZ	601 24TH STREET, SUITE B - BAKERSFIELD, CA 93301	NONE	155.

TOTAL FOR THIS ACTIVITY 24,305.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 24,305.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
HEATHER KIMMEL 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	EXECUTIVE DIRECTOR 40.00	0.
JESSICA JANSSEN 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	CHAIRMAN 2.00	0.
SHONTAY SMITH-SWEENEY 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	VICE CHAIR 1.00	0.
GABRIELA MELLO 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
MAX P. BACERRA 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
RAJU JASSAR 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
DEE SLADE 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.

ANDREA RUTHERFORD-HILL 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
MICHAEL BOWERS 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
SAMY ABIAOUI 601 24TH STREET, SUITE B BAKERSFIELD, CA 93301	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
HOUSING COUNSELING		24,834.	
BAD DEBTS		23,525.	
HELPING HANDS		15,583.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		45,777.	
LEGAL FEES		5,855.	
ADVERTISING AND PROMOTION		895.	
OFFICE EXPENSES		9,902.	
INSURANCE		1,160.	
TOTAL TO FORM 199, PART II, LINE 17		127,531.	

CA 199	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DUE TO RELATED PARTY	0.	19,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	19,000.	

CA 199	FUND BALANCES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NET ASSETS WITHOUT DONOR RESTRICTIONS	210,460.	276,596.	
NET ASSETS WITH DONOR RESTRICTIONS	150,798.	139,956.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	361,258.	416,552.	

DRAFT

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name HOUSING AND OPPORTUNITY FOUNDATION OF KERN	Identifying number ** - ***9806
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	207,130
2 Total gross income (Form 199, line 8)	2	207,130
3 Total expenses and disbursements (Form 199, line 9)	3	151,836

Part II Settle Your Account Electronically for Taxable Year 2022

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	Signature of officer _____	Date _____	EXECUTIVE DIRECTOR
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature _____	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01803841
Must Sign	Firm's name (or yours if self-employed) and address DANIELLS PHILLIPS VAUGHAN & BOCK 300 NEW STINE ROAD BAKERSFIELD, CA	Firm's FEIN ** - ***2229	ZIP code 93309		

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

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

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2023

Prepared for	Housing and Opportunity Foundation of Kern 601 24th Street, Suite B Bakersfield, CA 93301
Prepared by	Daniells Phillips Vaughan & Bock 300 New Stine Road Bakersfield, CA 93309
Amount due or refund	Balance due of \$75.00
Make check payable to	Department of Justice
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.</p>

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

**HOUSING AND OPPORTUNITY
FOUNDATION OF KERN**
Name of Organization

List all DBAs and names the organization uses or has used
601 24TH STREET, SUITE B
Address (Number and Street)
BAKERSFIELD, CA 93301
City or Town, State, and ZIP Code
(661) 631-8500 **HKIMMEL@KERNHA.ORG**
Telephone Number E-mail Address

Check if:
 Change of address
 Amended report

State Charity Registration Number **CT0188739**
Corporation or Organization No. **3412753**
Federal Employer ID No. **** - ***9806**

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

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2022 ending 06/30/2023) list:

Total Revenue (including noncash contributions) \$ 161,353 Noncash Contributions \$ 0 Total Assets \$ 437,465
Program Expenses \$ 64,722 Total Expenses \$ 106,059

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? SEE STATEMENT 7	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.

HEATHER KIMMEL

EXECUTIVE DIRECTOR

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 7

HOUSING AUTHORITY OF THE COUNTY OF KERN
601 24TH STREET
BAKERSFIELD, CA 93301
661-631-8500

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Housing & Opportunity Foundation of Kern

Agenda Item Submission Sheet

Date: January 16, 2024

TITLE: Annual Report

SUBMITTED BY: Heather Kimmel

SUPPORTING DATA: N/A

NARRATIVE:

The Housing and Opportunity Foundation of Kern (HOFK) has completed another successful year and maintained a stable financial position. In summary:

Category	FY 2022	FY 2023
Change in net assets	\$55,294	\$42,668
Net increase in cash	\$34,300	\$89,723
Functional Expenses	\$222,044	\$290,941
In-Kind	\$126,280	\$139,105
Total Financial Assets	\$362,596	\$437,465

Some of the programs and services the Foundation was able to support in FY 2021/2022 included:

- College scholarships were presented to 27 recipients ranging from \$250 to \$2,000
- Over 200 participants attended the first ever Building Hope Conference.
- Nearly 300 families participated in financial literacy workshops to include Budgeting Classes, Credit Repair, First-Time Homebuyer, Resume Writing, and Interview Skill Building.
- 200 Seniors participated in social activities such as food distribution, coffee socials, bingo, and art classes.
- 400 Children participated in youth programs including homework club, STEAM Competitions, Back-to-School Clothing and Backpack Drive
- Opened seven free libraries on the sites of several low income housing developments.
- Jessica's Christmas provided assistance with food and gifts to 190 families.
- Provided three Helping Hands grants to families preventing their utilities from being disconnected.
- Awarded one small business loan through the Wise Investments Now Program

Housing & Opportunity Foundation of Kern
Agenda Item Submission Sheet

Date: January 16, 2024

TITLE: Fundraising Committee Selection

SUBMITTED BY: Heather Kimmel

SUPPORTING DATA: N/A

NARRATIVE:

We need to establish a committee to work with staff on the 2024 Fundraiser which is tentatively scheduled for Friday September 20th. The committee should consist of at least 3 members but no more than 4 members

Housing & Opportunity Foundation of Kern

Agenda Item Submission Sheet

Date: January 16, 2024

TITLE: Authorization to recommend Brooke Ary to the Foundation Board for a Three-Year Term

SUBMITTED BY: Heather Kimmel

SUPPORTING DATA:

NARRATIVE:

Brook Ary is the Assistant Vice President, Branch Manager of the Palmdale-Kern District of US Bank. Recently US Bank granted the Foundation \$25,000 for education and employment activities sparking Brook's interest in our work.

Brook has been in the banking industry over 12 years. She began her career at Downey Savings and Loan as a teller in the in-store branch location. Brooke has worked at various financial institutions such as Chase Bank and currently US Bank. Brooke manages the branch location on Coffee Road with a team of 6 employees. She partners with her local branch teams to provide the best products and services to their community.

She is active in her community, partnering with organizations such as SCORE, Dress for Success, Casa Esperanza Bakersfield, and Kern Woman's Business Center. In addition, Brooke serves on the banks BRG boards representing the Development Network and the Women's BRG. Brooke leverages the human and financial resources of US Bank to develop community partnerships and employee engagement that supports the bank's corporate social responsibility priorities, as well as drive business results.

In addition, Brooke is a mother of a 9-year-old daughter, Layla. They reside in Bakersfield, CA.

Housing & Opportunity Foundation of Kern

Agenda Item Submission Sheet

Date: January 16, 2024

TITLE: Executive Director Report

SUBMITTED BY: Heather Kimmel

SUPPORTING DATA:

NARRATIVE:

Programs:

1. This quarter staff focused on Jessica's Christmas which provided:
 - a. 91 individuals received assistance with their Thanksgiving meal in the form of place settings and gift cards.
 - b. 53 families were adopted through Max Bacerra and the Mora Partners which provided gifts to 255 individuals.
 - c. 198 seniors received gift bags which included needed household supplies.
 - d. 89 youth received stuffed Christmas stockings and participated in a Holiday Celebration to include cookie decorating, hot chocolate and a movie. In addition, each youth left with a framed picture of themselves to give as a gift to their parents.

In total 633 people were served during the Holiday season which is one of our best years to date.

2. We are now shifting our focus to the launch of new programs
 - a. Upgrading all Community Rooms
 - b. Purchase Tablets
 - c. Launching Teen Life Skills Programs,