**AGENDA OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS OF THE HOUSING AND OPPORTUNITY FOUNDATION OF KERN, LOCATED AT: 1104 SOUTH ROBINSON, BAKERSFIELD, CALIFORNIA TO BE HELD ON WEDNESDAY, NOVEMBER 12, 2025, AT: 12:30 P.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 04-09-25 held at 601 24th Street.

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

5. **Audited Financial Statement and Approval of FY2024 Tax Returns**

6. **Financial Report**

7. **Fundraising Committee Report**

8. **Executive Director Report**

9. **Next Meeting**

   The next regular meeting of the Board of Directors of the Housing and Opportunity Foundation of Kern will be held on **Wednesday, January 15, 2026 at 12:30 p.m.,** location to be determined.

10. **Adjournment**

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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: November 12, 2025

**TITLE: Approval of Minutes**

**SUBMITTED BY: Rhonda Meza**

**SUPPORTING DATA: Minutes**

**NARRATIVE: Approval of the Minutes**

Attached are the minutes from the July 2025 Regular Meeting for review and approval.

**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 WEDNESDAY, July 9, 2025 AT: 12:30 PM**

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

Chair 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 Wednesday July 09, 2025, at 1:01 p.m.

| | |
|---|---|
| Present Directors: | Raju Jassar, Jessica Janssen, Gabriela Mello, Max P. Bacerra, Shontay Smith-Sweeney |
| HA Staff: | Heather Kimmel, Rhonda Meza, Mardi Sharples |
| Absent: | Dee Slade, Michael Bowers, Brooke Ary, Samy Abiaoui |

2. **Adoption of Agenda**

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

3. **Approval of the Minutes** of the Regular Meeting on **April 09th, 2025** held at 12:30 p.m.

*A motion was made to Approve the minutes from the July 9th meeting by Director Jassar and seconded by Director Janssen. It was carried by Chair Smith-Sweeney, Vice-Chair Mello, and Director Bacerra. Absent: Director Slade, Director Ary, Director Abiaoui and Director Bowers. There were no abstentions.*

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

*No reporting*

5. **Approval of the Reappointment of Jessica Janssen and Dee Slade to the Board of Directors for a Three-Year Term**

*A motion was made to Approve of the Reappointment of Jessica Janssen and Dee Slade to the Board of Directors for a Three-Year Term by Director Jassar and seconded by Director Bacerra. It was carried by Chair Smith-Sweeney, Vice-Chair Mello, and Director Janssen. Absent: Director Slade, Director Ary, Director Abiaoui and Director Bowers. There were no abstentions.*

## 6. Financial Report

*Executive Director Kimmel reported revenue over expenses year to date is $67,412. We have some projects that have happened but haven't hit the financial ledger yet but will hit later this month like the Building Hope Conference and some fundraising expenses, but they will not take us into a negative position we will still be sitting positive.*

*A motion was made to Receive and File by Director Janssen and seconded by Vice-Chair Mello It was carried by Chair Smith-Sweeney, Director Bacerra and Director Jassar. Absent: Director Slade, Director Ary, Director Abiaoui and Director Bowers. There were no abstentions.*

## 7. Approval of FY2026 Budget

*Executive Director Kimmel shared regarding the 7124 actuals, there are a couple adjustments of some items that were miscoded that are still getting settled, legal bank fees and others are sitting at $2,416 the other is the items that were miscoded a lot of that is the Bowers Books Depot expenses restocking that and there were fundraiser expenses that were miscoded. Proposed budget 7125 to 63025 we are expecting $70k in grants and contracts, we received $60k last year and we are hoping for $70k on the fundraiser.*

*A motion was made for Approval of FY2026 Budget by Director Janssen and seconded by Vice-Chair Mello It was carried by Chair Smith-Sweeney, Director Bacerra and Director Jassar. Absent: Director Slade, Director Ary, Director Abiaoui and Director Bowers. There were no abstentions.*

## 8. Scholarship Committee Report

*Housing Administrator Sharples recapped the List of Scholarship Award Winners.*

## 9. Fundraising Committee Report

*Executive Director Kimmel recapped the update on the HOFK fundraiser including the breakdown, sponsorships and projected expenses.*

## 10. Next Meeting

The next meeting of Board of Directors – Housing and Opportunity Foundation of Kern will be held on **Wednesday October 15, 2025 at 12:30 p.m**., at the Housing Authority's Central Office Large Conference Room, located at: 601 24th Street – Bakersfield, CA 93301.

## 11. Adjournment

*A motion was made to Adjourn by Director Bacerra and seconded by Vice-Chair Mello. It was carried by Chair Smith-Sweeney, Director Janssen and Director Jassar. Absent: Director Slade, Director Ary, Director Abiaoui and Director Bowers. There were no abstentions. 1:41pm*

# Housing & Opportunity Foundation of Kern
# Agenda Item Submission Sheet

Date: November 12, 2025

**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: November 12, 2025

**TITLE: Audited Financial Statement and Approval of FY2024 Tax Returns**

**SUBMITTED BY: Heather Kimmel**

**SUPPORTING DATA: Financial Report**

**NARRATIVE:**

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

In summary:

| **Category** | **FY 2024** | **FY 2024** |
|---|---|---|
| Cash | $298,105 | $316,585 |
| Investments | $146,338 | $150,102 |
| Accounts Receivable | $1,066 | $2,229 |
| In-Kind | $148,479 | $179,778 |
| Total Financial Assets | $445,559 | $468,916 |

The goal is generally to maintain financial assets to meet five months of operating expenses (approximately $109,000) to be held in reserves. Current financial assets available to meet general expenditures is $289,138, which represents approximately thirteen months of operations. We will see this amount reduced in this FY due to the community room rehab project currently underway.

The information presented in the financial statement was used to prepare the 990 tax return form. I am recommending that the board approve the financial statement and authorize the Executive Director to sign and file the 990 tax form.

**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

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DANIELLS PHILLIPS
VAUGHAN & BOCK
CPAs and Advisors

Member of AICPA Division for Firms
Private Companies Practice Section

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 2024 exempt organization returns, as follows...

2024 Form 990

2024 California Form 199

2024 California Form RRF-1

Each original return should be dated, signed and filed in accordance with the filing instructions. Each 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

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# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

June 30, 2025

| | |
|---|---|
| **Prepared for** | Housing and Opportunity<br>Foundation of Kern<br>601 24th Street, Suite B<br>Bakersfield, CA 93301 |
| **Prepared by** | Daniells Phillips Vaughan & Bock<br>300 New Stine Road<br>Bakersfield, CA 93309 |
| **Amount due or refund** | Not applicable |
| **Make check payable to** | Not applicable |
| **Mail tax return and check (if applicable) to** | Not applicable |
| **Return must be mailed on or before** | Not applicable |
| **Special Instructions** | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 17, 2025. |

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Form **8879-TE**

Department of the Treasury
Internal Revenue Service

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 20 25

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

OMB No. 1545-0047

**2024**

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 | [X] | **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | 1b | 122,023. |
| 2a | **Form 990-EZ** check here | [ ] | **b Total revenue,** if any (Form 990-EZ, line 9) | 2b | |
| 3a | **Form 1120-POL** check here | [ ] | **b Total tax** (Form 1120-POL, line 22) | 3b | |
| 4a | **Form 990-PF** check here | [ ] | **b Tax based on investment income** (Form 990-PF, Part V, line 5) | 4b | |
| 5a | **Form 8868** check here | [ ] | **b Balance due** (Form 8868, line 3c) | 5b | |
| 6a | **Form 990-T** check here | [ ] | **b Total tax** (Form 990-T, Part III, line 4) | 6b | |
| 7a | **Form 4720** check here | [ ] | **b Total tax** (Form 4720, Part III, line 1) | 7b | |
| 8a | **Form 5227** check here | [ ] | **b FMV of assets at end of tax year** (Form 5227, Item D) | 8b | |
| 9a | **Form 5330** check here | [ ] | **b Tax due** (Form 5330, Part II, line 19) | 9b | |
| 10a | **Form 8038-CP** check here | [ ] | **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 [X] 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 2024 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**

[X] 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 2024 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 2024 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. 77136993309

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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**



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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**
**Do not enter social security numbers on this form as it may be made public.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

**A For the 2024 calendar year, or tax year beginning** JUL 1, 2024 **and ending** JUN 30, 2025

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ 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

**F** Name and address of principal officer: HEATHER KIMMEL
SAME AS C ABOVE

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

**E** Telephone number
(661)631-8500

**G** Gross receipts $ 145,110.

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** KERNOPPORTUNITYFOUNDATION.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: 2011 **M** State of legal domicile: CA

## Part I Summary

**Activities & Governance**

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 ☐ 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 2024 (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. |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 66,649. | 88,000. |
| 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,167. | 12,556. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -4,072. | 21,467. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 66,744. | 122,023. |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 11,000. | 16,000. |
| 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. | 1,406. |
| 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) | 50,336. | 65,974. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 61,336. | 83,380. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 5,408. | 38,643. |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 445,559. | 468,916. |
| 21 | Total liabilities (Part X, line 26) | 20,913. | 1,913. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 424,646. | 467,003. |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date

HEATHER KIMMEL, EXECUTIVE DIRECTOR
Type or print name and title

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| REANN RICHARDI, CPA | | | ☐ | P01803841 |

Firm's name DANIELLS PHILLIPS VAUGHAN & BOCK — Firm's EIN **-***2229

Firm's address 300 NEW STINE ROAD
BAKERSFIELD, CA 93309 — Phone no. 661-834-7411

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



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
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 $ 25,482. 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 $ 32,259. 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 $ 16,000. including grants of $ 16,000. ) (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 73,741.

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**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? 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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II* | 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? *If "Yes," complete Schedule C, Part III* | 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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 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? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V* | 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? *If "Yes," complete Schedule D, Part VI* | 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? *If "Yes," complete Schedule D, Part VII* | 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? *If "Yes," complete Schedule D, Part VIII* | 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? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 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)? *If "Yes," complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 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? *If "Yes," complete Schedule F, Parts I and IV* | 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? *If "Yes," complete Schedule F, Parts II and IV* | 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? *If "Yes," complete Schedule F, Parts III and IV* | 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? *If "Yes," complete Schedule G, Part 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? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 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? *If "Yes," complete Schedule I, Parts I and II* | 21 | | X |

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**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 10 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 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

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) HEATHER KIMMEL<br>EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 0. | 151,424. | 0. |
| (2) JESSICA JANSSEN<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (3) SHONTAY SMITH-SWEENEY<br>CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) GABRIELA MELLO<br>VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) MAX P. BACERRA<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) RAJU JASSAR<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) DEE SLADE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) BROOKE ARY<br>SECRETARY/TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (9) MICHAEL BOWERS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) SAMY ABIAOUI<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b **Subtotal** | | | | | | | | 0. | 151,424. | 0. |
| c **Total from continuation sheets to Part VII, Section A** | | | | | | | | 0. | 0. | 0. |
| d **Total (add lines 1b and 1c)** | | | | | | | | 0. | 151,424. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

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

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

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**Part VIII Statement of Revenue**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 28,000. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 60,000. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ | | | | |
| | h **Total.** Add lines 1a-1f | | | 88,000. | | | |
| Program Service Revenue | | | **Business Code** | | | | |
| | 2a | | | | | | |
| | 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) | | | 12,556. | | | 12,556. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8a Gross income from fundraising events (not including $ 28,000. of contributions reported on line 1c). See Part IV, line 18 | 8a | 44,554. | | | | |
| | b Less: direct expenses | 8b | 23,087. | | | | |
| | c Net income or (loss) from fundraising events | | | 21,467. | | | 21,467. |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | | **Business Code** | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d | | | | | | |
| | 12 **Total revenue.** See instructions | | | 122,023. | 0. | 0. | 34,023. |

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## Part IX Statement of Functional Expenses

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

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

| *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 | 16,000. | 16,000. | | |
| 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 | 1,406. | | 1,406. | |
| 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 | 6,225. | | 6,225. | |
| 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.) | 914. | 914. | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 848. | | 848. | |
| 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 HELPING HANDS | 32,259. | 32,259. | | |
| b HOUSING COUNSELING | 24,568. | 24,568. | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 83,380. | 73,741. | 9,639. | 0. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | | | | |

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## Part X Balance Sheet

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 298,105. | 1 | 316,585. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 1,066. | 4 | 2,229. |
| | 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 | 146,388. | 12 | 150,102. |
| | 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) | 445,559. | 16 | 468,916. |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,913. | 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 | 19,000. | 25 | 0. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 20,913. | 26 | 1,913. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 279,359. | 27 | 287,225. |
| | 28 | Net assets with donor restrictions | 145,287. | 28 | 179,778. |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **and complete lines 29 through 33.** | | | |
| | 29 | Capital stock or trust principal, or current funds | | 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 | 424,646. | 32 | 467,003. |
| | 33 | Total liabilities and net assets/fund balances | 445,559. | 33 | 468,916. |

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## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 122,023. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 83,380. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 38,643. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 424,646. |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,714. |
| 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 | 467,003. |

## 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: ☐ Cash ☒ Accrual ☐ 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | X | |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | X |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | 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? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |

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**SCHEDULE A**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**Attach to Form 990 or Form 990-EZ.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

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

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 76,783. | 138,438. | 207,130. | 85,409. | 132,554. | 640,314. |
| 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 | 76,783. | 138,438. | 207,130. | 85,409. | 132,554. | 640,314. |
| 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) | | | | | | 82,436. |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 557,878. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 76,783. | 138,438. | 207,130. | 85,409. | 132,554. | 640,314. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | 4,167. | 12,556. | 16,723. |
| 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 | | | | | | 657,037. |

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

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 84.91 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 94.50 % |

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

## 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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2023** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 ☐

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## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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**Part IV Supporting Organizations** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described on line 11a above? | **11b** | | |
| **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.** | **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.* | **1** | | |
| **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.* | **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? | **1** | | |
| **2** | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | **2** | | |
| **3** | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.* | **3** | | |

## Section E. Type III Functionally Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| **2** | Activities Test. **Answer lines 2a and 2b below.** | | | |
| **a** | *Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.* | **2a** | | |
| **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.* | **2b** | | |
| **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**. | **3a** | | |
| **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. | **3b** | | |

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## 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 (*explain in detail in* **Part VI**): | | | |
| **2** Acquisition indebtedness applicable to non-exempt-use assets | **2** | | |
| **3** Subtract line 2 from line 1d. | **3** | | |
| **4** Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | **4** | | |
| **5** Net value of non-exempt-use assets (subtract line 4 from line 3) | **5** | | |
| **6** Multiply line 5 by 0.035. | **6** | | |
| **7** Recoveries of prior-year distributions | **7** | | |
| **8** **Minimum Asset Amount** (add line 7 to line 6) | **8** | | |

| **Section C - Distributable Amount** | | Current Year |
|---|---|---|
| **1** Adjusted net income for prior year (from Section A, line 8, column A) | **1** | |
| **2** Enter 0.85 of line 1. | **2** | |
| **3** Minimum asset amount for prior year (from Section B, line 8, column A) | **3** | |
| **4** Enter greater of line 2 or line 3. | **4** | |
| **5** Income tax imposed in prior year | **5** | |
| **6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | **6** | |

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| **Section D - Distributions** | | | **Current Year** |
|---|---|---|---|
| **1** | Amounts paid to supported organizations to accomplish exempt purposes | **1** | |
| **2** | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** | Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** | Amounts paid to acquire exempt-use assets | **4** | |
| **5** | Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**) | **5** | |
| **6** | Other distributions (describe in **Part VI**). 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 (*provide details in* **Part VI**). See instructions. | **8** | |
| **9** | Distributable amount for 2024 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-2024** | **(iii) Distributable Amount for 2024** |
|---|---|---|---|---|
| **1** | Distributable amount for 2024 from Section C, line 6 | | | |
| **2** | Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions. | | | |
| **3** | Excess distributions carryover, if any, to 2024 | | | |
| **a** | From 2019 | | | |
| **b** | From 2020 | | | |
| **c** | From 2021 | | | |
| **d** | From 2022 | | | |
| **e** | From 2023 | | | |
| **f** | **Total** of lines 3a through 3e | | | |
| **g** | Applied to under distributions of prior years | | | |
| **h** | Applied to 2024 distributable amount | | | |
| **i** | Carryover from 2019 not applied (see instructions) | | | |
| **j** | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** | Distributions for 2024 from Section D, line 7: $ | | | |
| **a** | Applied to underdistributions of prior years | | | |
| **b** | Applied to 2024 distributable amount | | | |
| **c** | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions. | | | |
| **6** | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions. | | | |
| **7** | **Excess distributions carryover to 2025.** Add lines 3j and 4c. | | | |
| **8** | Breakdown of line 7: | | | |
| **a** | Excess from 2020 | | | |
| **b** | Excess from 2021 | | | |
| **c** | Excess from 2022 | | | |
| **d** | Excess from 2023 | | | |
| **e** | Excess from 2024 | | | |

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

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HOUSING AND OPPORTUNITY
FOUNDATION OF KERN **-***9806

# Schedule A — Identification of Excess Contributions Included on Part II, Line 5 — 2024

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

| Contributor's Name | Total Contributions | Excess Contributions |
|---|---|---|
| DIGNITY HEALTH | 20,000. | 6,859. |
| CITIZENS BANK | 35,000. | 21,859. |
| US BANK | 50,000. | 36,859. |
| WF FINANCIAL | 30,000. | 16,859. |
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Total Excess Contributions to Schedule A, Part II, Line 5 ..... 82,436.

**Schedule B (Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
HOUSING AND OPPORTUNITY FOUNDATION OF KERN

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

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 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**

[X] 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).

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Name of organization
HOUSING AND OPPORTUNITY FOUNDATION OF KERN

Employer identification number
**-***9806

**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 | KERN HEALTH SYSTEMS<br>2900 BUCK OWENS BLVD<br>BAKERSFIELD, CA 93308 | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 2 | US BANK<br>5400 STOCKDALE HWY<br>BAKERSFIELD, CA 93309 | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 3 | WF FINANCIAL<br>5401 CALIFORNIA AVE<br>BAKERSFIELD, CA 93309 | $ 30,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 4 | WONDERFUL ORCHARDS<br>6801 E LERDO HWY<br>SHAFTER, CA 93263 | $ 6,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

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Name of organization
HOUSING AND OPPORTUNITY
FOUNDATION OF KERN

Employer identification number
**-***9806

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

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Name of organization
HOUSING AND OPPORTUNITY FOUNDATION OF KERN

Employer identification number
**-***9806

**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 |
|---|---|
| | |

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**SCHEDULE D** (Form 990)
(Rev. December 2024)
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

**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.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included on line 2a | 2c | |
| d | Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## 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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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**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 ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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 in 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, line 10c, column (B))* | | | | 0. |

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**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) CERTIFICATES OF DEPOSIT | 150,102. | COST |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 150,102. | |

**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, line 13, col. (B)) | | |

**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, line 15, col. (B))* | |

**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) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))* | |

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 ... X



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## 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 | 304,837. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 3,714. | | |
| b | Donated services and use of facilities | 2b | 156,013. | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 159,727. |
| 3 | Subtract line 2e from line 1 | | | 3 | 145,110. |
| 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 | -23,087. | | |
| c | Add lines 4a and 4b | | | 4c | -23,087. |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 122,023. |

## 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 | 262,480. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 156,013. | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 23,087. | | |
| e | Add lines 2a through 2d | | | 2e | 179,100. |
| 3 | Subtract line 2e from line 1 | | | 3 | 83,380. |
| 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 | 83,380. |

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## 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 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 | -23,087. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|---|
| FUNDRAISING EXPENSES | 23,087. |

**Part XIII Supplemental Information** *(continued)*

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**SCHEDULE G (Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

**Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization HOUSING AND OPPORTUNITY FOUNDATION OF KERN

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

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

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

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

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | **(iii)** No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
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| | | | | | | |
| **Total** | | | | | | |

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

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

| | | (a) Event #1 GALA (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 72,554. | | | 72,554. |
| | 2 Less: Contributions | 28,000. | | | 28,000. |
| | 3 Gross income (line 1 minus line 2) | 44,554. | | | 44,554. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 23,087. | | | 23,087. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 23,087. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 21,467. |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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**11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in:

| | | |
|---|---|---|
| **a** The organization's facility | **13a** | % |
| **b** An outside facility | **13b** | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

**16** Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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

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

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**Part IV** **Supplemental Information** *(continued)*

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**SCHEDULE I (Form 990)**
(Rev. December 2024)
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 instructions and the latest information.**

OMB No. 1545-0047

**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? ..... [X] **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 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
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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 .....

**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 | 12 | 16,000. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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**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 J (Form 990)**

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

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: HOUSING AND OPPORTUNITY FOUNDATION OF KERN

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

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) | | |
| **b** | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| **3** | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | 4a | | X |
| **b** | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| **c** | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? | 5a | | X |
| **b** | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | 6a | | X |
| **b** | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

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**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) HEATHER KIMMEL | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 151,424. | 0. | 0. | 0. | 0. | 151,424. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O (Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: HOUSING AND OPPORTUNITY FOUNDATION OF KERN

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

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

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SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: 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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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**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 | (g) Section 512(b)(13) controlled entity? 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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

**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? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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**Part V** **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| | | Yes | No |
|---|---|---|---|
| **Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | |
| **1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **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 |

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**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 | 156,013. | ACTUAL, IN-KIND SALARIES |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) NO | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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**Part VII** **Supplemental Information**

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

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# 2024 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

**FOR THE YEAR ENDING**

June 30, 2025

| | |
|---|---|
| **Prepared for** | Housing and Opportunity<br>Foundation of Kern<br>601 24th Street, Suite B<br>Bakersfield, CA 93301 |
| **Prepared by** | Daniells Phillips Vaughan & Bock<br>300 New Stine Road<br>Bakersfield, CA 93309 |
| **To be signed and dated by** | Not Applicable |
| **Amount of tax** | Total tax $ 0.00<br>Less: payments and credits $ 0.00<br>Plus: other amount $ 0.00<br>Plus: interest and penalties $ 0.00<br>No pmt required $ |
| **Overpayment** | Credited to your estimated tax $ 0.00<br>Other amount $ 0.00<br>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** | |

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TAXABLE YEAR **2024**

# California Exempt Organization Annual Information Return

428941 01-14-25

FORM **199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 07/01/2024 , and ending (mm/dd/yyyy) 06/30/2025 .

| Corporation/Organization name | California corporation number |
|---|---|
| HOUSING AND OPPORTUNITY FOUNDATION OF KERN | 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/county / 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

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## 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 | 57,110 | 00 |
| | 2 | Gross dues and assessments from members and affiliates ● | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 ● | 3 | 88,000 | 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 | 145,110 | 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 | 145,110 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 ● | 9 | 106,467 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ● | 10 | 38,643 | 00 |
| Payments | 11 | Total payments ● | 11 | | 00 |
| | 12 | Use tax. See General Information K ● | 12 | | 00 |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ● | 13 | | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ● | 14 | | 00 |
| | 15 | Penalties and interest. See General Information J | 15 | | 00 |
| | 16 | **Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉ | 16 | | 00 |

**Sign Here**

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

Signature of officer ▶ | Title EXECUTIVE DIRE | 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

**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.**

428951 01-14-25

| | | | | |
|---|---|---|---|---|
| | 1 Gross sales or receipts from all business activities. See instructions | 1 | 44,554 | 00 |
| | 2 Interest | 2 | 12,556 | 00 |
| | 3 Dividends | 3 | | 00 |
| Receipts | 4 Gross rents | 4 | | 00 |
| from | 5 Gross royalties | 5 | | 00 |
| Other | 6 Gross amount received from sale of assets (See instructions) | 6 | | 00 |
| Sources | 7 Other income. Attach schedule | 7 | | 00 |
| | 8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 57,110 | 00 |
| | 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule STATEMENT 2 | 9 | 16,000 | 00 |
| | 10 Disbursements to or for members. | 10 | | 00 |
| | 11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3 | 11 | 0 | 00 |
| | 12 Other salaries and wages | 12 | 1,406 | 00 |
| Expenses | 13 Interest | 13 | | 00 |
| and | 14 Taxes | 14 | | 00 |
| Disburse- | 15 Rents | 15 | | 00 |
| ments | 16 Depreciation and depletion (See instructions) | 16 | | 00 |
| | 17 Other expenses and disbursements. Attach schedule SEE STATEMENT 4 | 17 | 89,061 | 00 |
| | 18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 106,467 | 00 |

**Schedule L** **Balance Sheet**

| Assets | Beginning of taxable year (a) | (b) | End of taxable year (c) | (d) |
|---|---|---|---|---|
| 1 Cash | | 298,105 | | 316,585 |
| 2 Net accounts receivable | | 1,066 | | 2,229 |
| 3 Net notes receivable | | | | |
| 4 Inventories | | | | |
| 5 Federal and state government obligations | | | | |
| 6 Investments in other bonds | | | | |
| 7 Investments in stock | | | | |
| 8 Mortgage loans | | | | |
| 9 Other investments. Attach schedule * | | 146,388 | | 150,102 |
| 10 a Depreciable assets | | | | |
| b Less accumulated depreciation | | | | |
| 11 Land | | | | |
| 12 Other assets. Attach schedule | | | | |
| 13 **Total assets** | | 445,559 | | 468,916 |
| **Liabilities and net worth** | | | | |
| 14 Accounts payable | | 1,913 | | 1,913 |
| 15 Contributions, gifts, or grants payable | | | | |
| 16 Bonds and notes payable | | | | |
| 17 Mortgages payable | | | | |
| 18 Other liabilities. Attach schedule STMT 6 | | 19,000 | | |
| 19 Capital stock or principal fund | | | | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 Retained earnings or income fund | | 424,646 | | 467,003 |
| 22 **Total liabilities and net worth** | | 445,559 | | 468,916 |

**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 | 42,357 | 7 Income recorded on books this year not included in this return. Attach schedule * | 3,714 |
| 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 | | | |
| 4 Income not recorded on books this year. Attach schedule | | | |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule | | 9 Total. Add line 7 and line 8 | 3,714 |
| 6 Total. Add line 1 through line 5 | 42,357 | 10 Net income per return. Subtract line 9 from line 6 | 38,643 |

* SEE STATEMENT

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

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|---|---|---|---|
| KERN HEALTH SYSTEMS | 2900 BUCK OWENS BLVD BAKERSFIELD, CA 93308 | | 5,000. |
| US BANK | 5400 STOCKDALE HWY BAKERSFIELD, CA 93309 | | 25,000. |
| WF FINANCIAL | 5401 CALIFORNIA AVE BAKERSFIELD, CA 93309 | | 30,000. |
| WONDERFUL ORCHARDS | 6801 E LERDO HWY SHAFTER, CA 93263 | | 6,000. |
| TOTAL INCLUDED ON LINE 3 | | | 66,000. |

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

ACTIVITY CLASSIFICATION: SCHOLARSHIP AWARD

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|---|---|---|---|
| SANTA CHAVEZ | 501 WINSTON DRIVE #A - BAKERSFIELD, CA 93309 | NONE | 2,500. |
| DAVID JARA | 4937 GREENVIEW LANE - BAKERSFIELD, CA 93308 | NONE | 2,500. |
| MONIQUE NICHOLOS | 6812 HIGH PEAKS DR - BAKERSFIELD, CA 93313 | NONE | 2,000. |
| SHYLAN WILLIAMS | 4317 ISLA VERDE ST. #B - BAKERSFIELD, CA 93301 | NONE | 2,000. |
| ARKASSIA BROWN | 1001 CLYDE STREET - BAKERSFIELD, CA 93307 | NONE | 1,200. |
| BERNITA STEWART | 11115 ARUNDEL WAY - BAKERSFIELD, CA 93311 | NONE | 1,200. |
| SARAH RONQUILLO | 3600 ASHE RD. #27 - BAKERSFIELD, CA 93309 | NONE | 800. |

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| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|---|---|---|---|
| DAMARI MILLER | 6812 HIGH PEAKS DR - BAKERSFIELD, CA 93313 | NONE | 800. |

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|---|---|---|---|
| LAPORSHA CAGE | 6009 HILL DAKE CT. #D - BAKERSFIELD, CA 93306 | NONE | 800. |

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|---|---|---|---|
| FATIMA ROJAS CARRILLO | 1010 BEALE AVE #1 - BAKERSFIELD, CA 93305 | NONE | 800. |

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|---|---|---|---|
| RAYMOND CASTILLO | 2917 LA COSTA STREET #D - BAKERSFIELD, CA 93306 | NONE | 800. |

| DONEES NAME | DONEES ADDRESS | RELATIONSHIP | AMOUNT |
|---|---|---|---|
| FANTASY WAY | 4224 ORRICK CT. #C - BAKERSFIELD, CA 93305 | NONE | 600. |

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| | |
|---|---|
| TOTAL FOR THIS ACTIVITY | 16,000. |
| TOTAL INCLUDED ON FORM 199, PART II, LINE 9 | 16,000. |

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|---|---|---|
| HEATHER KIMMEL<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | EXECUTIVE DIRECTOR<br>40.00 | 0. |
| JESSICA JANSSEN<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | DIRECTOR<br>2.00 | 0. |
| SHONTAY SMITH-SWEENEY<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | CHAIR<br>1.00 | 0. |
| GABRIELA MELLO<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | VICE CHAIR<br>1.00 | 0. |
| MAX P. BACERRA<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | DIRECTOR<br>1.00 | 0. |
| RAJU JASSAR<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | DIRECTOR<br>1.00 | 0. |
| DEE SLADE<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | DIRECTOR<br>1.00 | 0. |
| BROOKE ARY<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | SECRETARY/TREASURER<br>1.00 | 0. |
| MICHAEL BOWERS<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | DIRECTOR<br>1.00 | 0. |
| SAMY ABIAOUI<br>601 24TH STREET, SUITE B<br>BAKERSFIELD, CA 93301 | DIRECTOR<br>1.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | 0. |

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CA 199 OTHER EXPENSES STATEMENT 4

| DESCRIPTION | AMOUNT |
|---|---|
| HELPING HANDS | 32,259. |
| HOUSING COUNSELING | 24,568. |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | 23,087. |
| LEGAL FEES | 6,225. |
| OTHER PROFESSIONAL FEES | 914. |
| OFFICE EXPENSES | 848. |
| INSURANCE | 1,160. |
| TOTAL TO FORM 199, PART II, LINE 17 | 89,061. |

CA 199 OTHER INVESTMENTS STATEMENT 5

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| CERTIFICATES OF DEPOSIT | 146,388. | 150,102. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | 146,388. | 150,102. |

CA 199 OTHER LIABILITIES STATEMENT 6

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| DUE TO RELATED PARTY | 19,000. | 0. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 19,000. | 0. |

CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN STATEMENT 7

| DESCRIPTION | AMOUNT |
|---|---|
| UNREALIZED GAINS | 3,714. |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | 3,714. |

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CA 199 FUND BALANCES STATEMENT 8

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| NET ASSETS WITHOUT DONOR RESTRICTIONS | 279,359. | 287,225. |
| NET ASSETS WITH DONOR RESTRICTIONS | 145,287. | 179,778. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 424,646. | 467,003. |

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022

Date Accepted _____

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2024**

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

| Exempt Organization name | Identifying number |
|---|---|
| HOUSING AND OPPORTUNITY FOUNDATION OF KERN | **-***9806 |

**Part I Electronic Return Information** (whole dollars only)

| | | | |
|---|---|---|---|
| 1 | Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 | 145,110 |
| 2 | Total gross income or total tax (Form 199, line 8 or Form 109, line 14) | 2 | 145,110 |
| 3 | Refund (Form 109, line 26) | 3 | |
| 4 | Balance due or Total amount due (Form 199, line 16 or Form 109, line 29) | 4 | |

**Part II Settle Your Account Electronically for Taxable Year 2024**

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2025** (These are **not** installment payments for the current amount the exempt organization owes.)

| | First Payment | Second Payment | Third Payment | Fourth Payment |
|---|---|---|---|---|
| 7 Amount | | | | |
| 8 Withdrawal Date | | | | |

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

9 Routing number _____

10 Account number **11** Type of account: ☐ Checking ☐ Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

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 2024 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 tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here** ▶ _____ Signature of officer | Date | ▶ EXECUTIVE DIRECTOR Title

**Part VI 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, 2024 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 Must Sign**

ERO's signature ▶ | Date | Check if also paid preparer ☒ | Check if self-employed ☐ | ERO's PTIN P01803841

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 Must Sign**

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

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# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**

June 30, 2025

| | |
|---|---|
| **Prepared for** | Housing and Opportunity<br>Foundation of Kern<br>601 24th Street, Suite B<br>Bakersfield, CA 93301 |
| **Prepared by** | Daniells Phillips Vaughan & Bock<br>300 New Stine Road<br>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 Charities and Fundraisers<br>P.O. Box 903447<br>Sacramento, CA 94203-4470 |
| **Return must be mailed on or before** | November 17, 2025 |
| **Special Instructions** | The report should be signed and dated by the authorized individual(s).<br><br>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. |

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**STATE OF CALIFORNIA**
RRF-1
(Rev. 01/2024)

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code**
**11 Cal. Code Regs. sections 301-307, and 310**

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

**DEPARTMENT OF JUSTICE**
(For Registry Use Only)

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
Telephone Number

HKIMMEL@KERNHA.ORG
E-mail Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 0188739

Corporation or Organization No. 3412753

Federal Employer ID No. **-***9806

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

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

**PART A - ACTIVITIES**

**For your most recent full accounting period (beginning** 07/01/2024 **ending** 06/30/2025 **) list:**

**Total Revenue** (including noncash contributions) $ 122,023 **Noncash Contributions $** 0 **Total Assets $** 468,916

**Program Expenses $** 73,741 **Total Expenses $** 83,380

**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 9 | 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 |

DRAFT

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 9
PART B, LINE 5

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

DRAFT

# Housing & Opportunity Foundation of Kern
# Agenda Item Submission Sheet

Date: November 12, 2025

**TITLE: Financial Report**

**SUBMITTED BY: Petra Bantum**

**SUPPORTING DATA: Financial Records**

**NARRATIVE: Financial Reports will be Reviewed During the Meeting.**

# Housing & Opportunity Foundation (HOFK)
## HOFK - September 2025 / FY26
**as of 11/12/2025**

## Statement of Financial Position

| | | |
|---|---|---|
| **ASSETS** | | |
| | Cash-Undesignated (Cash - Unrestricted) | 84,465.74 |
| | Savings | 10,839.71 |
| | Money Market | 282,619.32 |
| | Certificate of Deposit | 150,253.49 |
| | A/R - loans | 514.45 |
| | Other A/R | 4,470.24 |
| | **Total Assets** | **533,162.95** |
| **LIABILITIES** | | |
| | Advances from Title V/Housing Authority | 1,943.24 |
| | Other liabilities | - |
| | **Total Liabilities** | 1,943.24 |
| **EQUITY** | | |
| | Unrestricted - URA | 330,357.96 |
| | Restricted - RNA | 200,861.75 |
| | **Total Equity** | 531,219.71 |
| | **Total Liability and Equity** | **533,162.95** |

# Housing & Opportunity Foundation (HOFK)

## HOFK - September 2025 / FY26

**as of 11/12/2025**

## Statement of Activities

| | FY26 Budget 07/01/25-06/30/26 | Total To Date |
|---|---|---|
| **Revenue** | | |
| Grants/Contracts | 70,000.00 | 31,250.00 |
| Fundraisers/Events Donations | 70,000.00 | 68,015.00 |
| Miscellaneous Income | 500.00 | 150.08 |
| Microlending Loan Revenue | 3,600.00 | 514.40 |
| Interest Earned | 12,000.00 | 2,538.37 |
| Donations | 0.00 | 879.20 |
| Transfer In from Reserves | 0.00 | 0.00 |
| **Total Revenue** | **156,100.00** | **103,347.05** |
| | | |
| **Expenses** | **Budget** | **Total To Date** |
| Back-to-School Drive | 8,000.00 | 8,076.94 |
| Bower's Book Depot | 2,000.00 | 0.00 |
| Building Hope Conference | 18,000.00 | 0.00 |
| STEM | 2,000.00 | 64.20 |
| Fundraising Costs | 25,000.00 | 20,767.66 |
| Helping Hands | 8,000.00 | 0.00 |
| Insurance | 1,200.00 | 0.00 |
| Jessica's Christmas | 10,000.00 | 0.00 |
| Legal/Bank Fees/Other | 2,500.00 | 290.36 |
| Senior Social Activities | 2,500.00 | 0.00 |
| Scholarships | 18,000.00 | 0.00 |
| Supplies and Materials | 2,500.00 | 847.08 |
| Tax and Financial Reviews | 6,500.00 | 0.00 |
| Teen Life Skills Program | 2,500.00 | 0.00 |
| Travel and meetings | 900.00 | 0.00 |
| Employment and Training | 18,000.00 | 1,432.93 |
| Home Ownership | 20,000.00 | 6,676.13 |
| Microlending | 4,000.00 | 0.00 |
| Citizens Business Bank grant exp | 2,000.00 | 0.00 |
| Wells Fargo grant exp | 700.00 | 0.00 |
| Website Hosting | 1,800.00 | 0.00 |
| **Total Expenses** | **156,100.00** | **38,155.30** |
| | | |
| **Revenue over Expenses** | **0.00** | **65,191.75** |

### SPECIAL PROJECTS REPORTING - INCEPTION TO DATE

The total budget for the special projects was approved as part of the FY24 Budget.
$105,749 was carried over for FY25.

Costs are being reported by fiscal year.

| | Budget | FY26 Costs | FY25 Costs | FY24 Costs |
|---|---|---|---|---|
| **Revenue** | | | | |
| Transfer from Reserves | 130,000.00 | | | |
| | | | | |
| **Expenses** | | | | |
| Community Room Rehab | 50,000.00 | 75.17 | 16,031.48 | 0.00 |
| Tablets for Participants (Kids) | 30,000.00 | 0.00 | 6,197.29 | 0.00 |
| Furniture and Supplies | 50,000.00 | 899.04 | 858.79 | 1,163.00 |
| **Total Expenses** | **130,000.00** | **974.21** | **23,087.56** | **1,163.00** |
| | | | | |
| **Revenue over Expenses** | **0.00** | **-974.21** | **-23,087.56** | **-1,163.00** |

*64,217.54*
*total FY25 activity -*
*no reserve transfer*

# Housing & Opportunity Foundation of Kern
# Agenda Item Submission Sheet

Date: November 12, 2025

**TITLE: Fundraising Committee Update**

**SUBMITTED BY: Petra Bantum & Heather Kimmel**

**SUPPORTING DATA: Rock the Foundation 2025 Overview**

**NARRATIVE:**

**The 2025 Rock the Foundation event was another huge success thanks to the work of the Fundraising Committee, board members, and staff volunteers. We had 151 guests in attendance and received back one pledge card.**

**We raised a total of:**

- **$84,950 in sponsorships**
- **$40,000 in grants**
- **$3,525 in tickets and raffle sales**

**Our expenses totaled: $21,624.38**

**Our net profit was: $106,850.62.**

**Below is a recap of highlights and areas for improvement:**

| **Highlight:** | **Area for Improvement:** |
|---|---|
| **Participant Testimonial** | **Balloon drop did not go as planned** |
| **Classic Cars** | **Pledge cards not turned in** |
| **Eventbrite Check In** | **Photo Booth did not print pictures** |
| **Photo Live Stream** | **Dance Lessons cut off music and low participation** |
| **Professional Swing Dancers** | |

**With this year's success, we would like to get a jump on planning. We recommend approving 9/4/2026 as next year's date with a 1980's theme.**

Housing & Opportunity Foundation

# Rock the Foundation

2025 Event Summary Overview

| Contributions Received from | Outstanding | Collected | Grants Awarded | Total |
|---|---|---|---|---|
| WellsFargo&Co | | 25,000.00 | 25,000.00 | 50,000 |
| US Bank | | 10,000.00 | 15,000.00 | 25,000 |
| Bank of Calif | | 5,000.00 | | 5,000 |
| KernHealthSystems | | 5,000.00 | | 5,000 |
| CitizensBusinessBk | | 5,000.00 | | 5,000 |
| Chevron | | 5,000.00 | | 5,000 |
| Wallace and Smith | | 5,000.00 | | 5,000 |
| Wonderful Orchards | | 3,000.00 | | 3,000 |
| EnterpriseCommInvest | | 3,000.00 | | 3,000 |
| OrdizMelbyArchitects | | 3,000.00 | | 3,000 |
| KernHealthSystems | | 3,000.00 | | 3,000 |
| ValleyStrong | | 3,000.00 | | 3,000 |
| Moneywise,Inc | | 2,000.00 | | 2,000 |
| MissionBank | | 1,500.00 | | 1,500 |
| SGPAArchitectureAndPlann | | 1,500.00 | | 1,500 |
| JonesHall,APLC | | 1,500.00 | | 1,500 |
| CalifResourcesCorp | | 1,500.00 | | 1,500 |
| TriCountiesBk | | 1,500.00 | | 1,500 |
| RMAPhysicianAsstCareCorp | | 450.00 | | 450 |
| **Total Sponsors** | **0.00** | **84,950.00** | 40,000.00 | 124,950 |
| Individual tickets & Raffle proceeds | | 2,565.00 | | 2,565.00 |
| Individual Tickets | 960 | | | 960 |
| **Total Contributions** | **960.00** | **87,515.00** | **40,000.00** | **128,475.00** |

| Fundraiser Event Costs | Pending | Total Paid | Total Costs | |
|---|---|---|---|---|
| Venue Food & Drinks | | 13,310.10 | | |
| Floral | | 2,100.00 | | |
| Entertainment / Band | | 1,500.00 | | |
| Valet Parking | | 1,347.50 | | |
| Mobile Billboard | | 875.00 | | |
| Photo Booth | | 250.00 | | |
| Balloon Drop | | 250.00 | | |
| Miscellaneous (including raffle prizes) | | 1,991.78 | | |
| **Total Costs** | **0.00** | **21,624.38** | **21,624.38** | **17%** |
| | | | **106,850.62** | **83%** |

# Housing & Opportunity Foundation of Kern
# Agenda Item Submission Sheet

Date: November 12, 2025

**TITLE: Executive Director Report**

**SUBMITTED BY: Heather Kimmel**

**SUPPORTING DATA: N/A**

**NARRATIVE:**

**Program Updates:**

- **We are currently gearing up for Jessica's Christmas, so please let Angela Brown know if you plan to adopt a family or help with gift distribution.**

- **Community Room updates are well underway and we are excited to show off the end results as we rotate our meetings.**

    - **We ordered 29 new computers, along with various computer equipment. All new computers are scheduled to be installed and operational before the end of the year.**

    - **Supplies such as tables, chairs, TV's, and cabinets have been ordered.**

- **We are still working on updating the website and will begin this project after the first of the year.**