

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)

OMB No. 1545-0047

**2018**

Open to Public Inspection

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

**B** Check if applicable:

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

**C** Name of organization

**TALLER SAN JOSE HOPE BUILDERS**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**801 N. BROADWAY**

City or town, state or province, country, and ZIP or foreign postal code

**SANTA ANA, CA 92701**

**F** Name and address of principal officer: **NANCY LOUGHREY**  
**SAME AS C ABOVE**

**D** Employer identification number

**59-3816355**

**E** Telephone number

**714-543-5105**

**G** Gross receipts \$

**3,940,902.**

**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: ▶ **WWW.TSJHOPEBUILDERS.ORG**

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

**L** Year of formation: **2005**

**M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>HOPE BUILDERS EMPOWERS YOUNG ADULTS(AGES 18-28), WHO ARE DISCONNECTED FROM THE WORKFORCE AND</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>15</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a) <b>5</b> <b>47</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> <b>168</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>4,105,966.</b> <b>3,724,764.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>182,140.</b> <b>150,686.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>25,107.</b> <b>12,035.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12,557.</b> <b>-22,753.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>4,325,770.</b> <b>3,864,732.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>505,975.</b> <b>219,945.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,480,401.</b> <b>2,113,545.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>52,500.</b> <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>633,186.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,388,064.</b> <b>962,358.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>4,426,940.</b> <b>3,295,848.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>-101,170.</b> <b>568,884.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>4,600,577.</b> <b>5,187,715.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>513,191.</b> <b>532,236.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>4,087,386.</b> <b>4,655,479.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>NANCY LOUGHREY, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>DIANA ZAMBRANO, CPA</b>	<b>DIANA ZAMBRANO, CPA</b>	<b>04/07/20</b>		<b>P00965403</b>
<b>Firm's name</b>	Firm's name ▶ <b>RJI INTERNATIONAL CPAS</b>			Firm's EIN ▶ <b>33-0953262</b>	
	Firm's address ▶ <b>18012 SKY PARK CIRCLE, SUITE 200</b> <b>IRVINE, CA 92614</b>			Phone no. (949) <b>852-1600</b>	

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

**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:  
**HOPE BUILDERS EMPOWERS YOUNG ADULTS, WHO ARE DISCONNECTED FROM THE WORKFORCE AND ALL EDUCATIONAL OPPORTUNITIES, WITH THE JOB TRAINING AND LIFE SKILLS NEEDED TO ACHIEVE ECONOMIC STABILITY AND ENDURING PERSONAL AND PROFESSIONAL SUCCESS.**
- 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 \$ 1,108,868. including grants of \$ 219,945. ) (Revenue \$ )  
**TRAINING IN CONSTRUCTION, HEALTHCARE, BUSINESS ADMINISTRATION, AND INFORMATION TECHNOLOGY: MODEL REAL-WORLD EXPERIENCES, PAY TRAINEES A WEEKLY \$75 STIPEND AND REQUIRE THEM TO DEMONSTRATE THAT THEY ARE RESPONSIBLE AND RESPECTFUL BY SHOWING UP EVERY DAY, ON TIME, DRUG FREE, DRESSED PROFESSIONALLY AND WITH A GOOD ATTITUDE. HOPE BUILDERS' TRAINING IS CONDUCTED OVER 16-20 WEEKS AND IS DELIVERED IN A "BOOT CAMP" STYLE TO SUPPORT COMPLETION AND ALLOW YOUTH TO TRANSFER QUICKLY TO THE WORKPLACE AND HIGHER WAGES. CONTEXTUALIZED BASIC SKILLS REMEDIATION, FINANCIAL ASSISTANCE FOR CHILDCARE AND TRANSPORTATION AND 32 HOURS OF BOTH LIFE SKILLS AND JOB READINESS TRAINING ARE EMBEDDED INTO THE CURRICULUM.**
- 4b** (Code: ) (Expenses \$ 673,790. including grants of \$ ) (Revenue \$ )  
**EMPLOYMENT AND EDUCATION PATHWAYS: HOPE BUILDERS'S EMPLOYMENT SERVICES TEAM WORKS WITH YOUTH WHO HAVE COMPLETED THE TRAINING AND STRIVES TO LINK THEM TO PERMANENT EMPLOYMENT OR INTERNSHIPS. STAFF WORKS WITH YOUTH FOR UP TO 24 MONTHS AFTER TRAINING COMPLETION AND SUPPORTS EMPLOYED YOUTH IN CONTINUING TO FIND OPPORTUNITIES FOR GROWTH/ADVANCEMENT THROUGH PROMOTIONS AND JOB CHANGES. THE EDUCATION PATHWAYS TEAM HELPS YOUTH ACCESS ON-RAMPS TO POST-SECONDARY EDUCATION, ENROLL IN AND PERSIST THROUGH APPRENTICESHIP AND POST-SECONDARY DEGREE PROGRAMS AND ACHIEVE ADVANCED CERTIFICATIONS.**
- 4c** (Code: ) (Expenses \$ 455,549. including grants of \$ ) (Revenue \$ )  
**CASE MANAGEMENT: HOPE BUILDERS HAS LEARNED THAT SKILLS TRAINING OR EMPLOYMENT PLACEMENT ALONE DO NOT MEET THE NEEDS OF DISCONNECTED YOUTH. RATHER, TRAINING MUST INCLUDE A MIX OF LIFE SKILLS AND SUPPORTIVE SERVICES DESIGNED TO HELP YOUTH RETAIN THEIR EMPLOYMENT. THUS, UPON PROGRAM ENROLLMENT, EACH TRAINEE IS MATCHED WITH A SUPPORT SPECIALIST, WHO THROUGHOUT 28 MONTHS, HELP YOUTH ADDRESS BARRIERS THAT MAY PREVENT THEM FROM SUCCESSFULLY COMPLETING THE PROGRAM AND/OR RETAINING EMPLOYMENT. THE GOAL OF THESE SERVICES IS TO HELP YOUTH ACHIEVE LIFE STABILITY THROUGH INCREASED SOCIAL AND SELF-AWARENESS, SELF-MANAGEMENT AND HEALTHY BEHAVIORS.**
- 4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e** Total program service expenses **2,238,207.**

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> 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	X	
<b>23</b> 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		X
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 47		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<b>15</b> 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?	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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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 in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 18 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 in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 15		
<b>2</b> 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? ..... <b>2</b>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>	X	
<b>7a</b> 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? ..... <b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> 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 in Schedule O ..... <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</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? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</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? ..... <b>16b</b>		

**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 in Schedule O)

**19** Describe in 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 **NANCY LOUGHREY - 714-543-5105**  
**801 N. BROADWAY, SANTA ANA, CA 92701**

**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) CARLOS GONZALEZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(2) CHUCK WALKER VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) ELVA RUBALCAVA DIRECTOR	1.00 0.00	X						0.	0.	0.
(4) GEORGE URCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(5) JON GOTHOLD DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) JON STORBECK DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) KATHY KRAMER DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) KATIE RODIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) KATIE SKELTON CHAIR	2.00 40.00	X		X				0.	0.	0.
(10) KEN MILLER DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) LARRY STOFKO DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) MARCIA CHOO DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) SHAWNA SMITH GOTREAU DIRECTOR	40.00 5.00	X		X				121,128.	0.	17,663.
(14) SR. EILEEN MCNERNEY DIRECTOR	1.00 20.00	X						0.	0.	0.
(15) TOM HONAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) VINCE MCGUINNESS, JR. DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) JEFFREY RANDOLPH DIRECTOR	1.00 0.00	X						0.	0.	0.

**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) JOHN HEFFERNAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) CHRISTA SHEEHAN DIR. ADV. & STRAT	40.00 0.00			X				125,747.	0.	18,002.
(20) KARYN MENDOZA DIR. OF PROGRAM	40.00 0.00			X				88,400.	0.	12,921.
(21) NANCY LOUGHREY CFO	40.00 10.00			X				105,850.	0.	14,636.
<b>1b Sub-total</b>								441,125.	0.	63,222.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								441,125.	0.	63,222.

**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 **3**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> 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	



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	713,565.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	248,980.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,762,219.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		141,026.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> FUNDED CURRICULUM .....	<b>Business Code</b>	611600	150,686.	150,686.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			150,686.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,851.	3,851.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....			8,184.	6,065.		2,119.
	<b>8 a</b> Gross income from fundraising events (not including \$ 713,565. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		0.			
	<b>b</b> Less: direct expenses .....	<b>b</b>		73,420.			
	<b>c</b> Net income or (loss) from fundraising events .....			-73,420.			-73,420.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>		50,667.			
	<b>b</b> Less: direct expenses .....	<b>b</b>		0.			
	<b>c</b> Net income or (loss) from gaming activities .....			50,667.			50,667.
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				3,864,732.	160,602.	0.	-20,634.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	219,945.	219,945.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	411,125.	271,943.	62,688.	76,494.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,702,420.	1,126,083.	259,586.	316,751.
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	33,512.	11,694.	21,818.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology	110,017.	78,054.	5,968.	25,995.
<b>15</b> Royalties				
<b>16</b> Occupancy	293,773.	242,110.	23,242.	28,421.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	93,629.	13,303.	10,475.	69,851.
<b>20</b> Interest	12,118.	1,864.	9,665.	589.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	97,654.	84,248.	4,135.	9,271.
<b>23</b> Insurance	66,360.	41,091.	15,733.	9,536.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM SUPPLIES & RELA	130,377.	130,377.		
<b>b</b> SPECIAL EVENTS	85,140.			85,140.
<b>c</b> PRINTING & OFFICE SUPPL	36,167.	17,495.	9,853.	8,819.
<b>d</b> MISCELLANEOUS	3,611.	0.	1,292.	2,319.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,295,848.	2,238,207.	424,455.	633,186.
<b>26</b> 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)

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	330,446.	<b>1</b>	877,042.
	<b>2</b> Savings and temporary cash investments .....	2,514.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net .....	1,472,601.	<b>3</b>	1,481,282.
	<b>4</b> Accounts receivable, net .....	500.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	5,541.	<b>8</b>	19,098.
	<b>9</b> Prepaid expenses and deferred charges .....	0.	<b>9</b>	8,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,494,629.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,364,109.		
	<b>11</b> Investments - publicly traded securities .....	1,137,746.	<b>10c</b>	1,130,520.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	215,207.	<b>11</b>	258,693.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,436,022.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,600,577.	<b>15</b>	1,413,080.	
<b>17</b> Accounts payable and accrued expenses .....	149,166.	<b>16</b>	5,187,715.	
<b>18</b> Grants payable .....	400.	<b>17</b>	171,975.	
<b>19</b> Deferred revenue .....		<b>18</b>	0.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	300,948.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	62,676.	<b>23</b>	310,504.	
<b>25</b> 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 .....	1.	<b>24</b>	49,757.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	513,191.	<b>25</b>	0.	
<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>	532,236.	
<b>28</b> Unrestricted net assets .....	1,951,177.			
<b>29</b> Temporarily restricted net assets .....	2,136,209.			
<b>30</b> Permanently restricted net assets .....				
<b>31</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>32</b> Capital stock or trust principal, or current funds .....		<b>27</b>	2,559,116.	
<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>28</b>	2,096,363.	
<b>34</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>29</b>		
<b>35</b> Total net assets or fund balances .....	4,087,386.	<b>30</b>		
<b>36</b> Total liabilities and net assets/fund balances .....	4,600,577.	<b>31</b>		
<b>37</b> Total net assets or fund balances .....		<b>32</b>		
<b>38</b> Total liabilities and net assets/fund balances .....		<b>33</b>	4,655,479.	
<b>39</b> Total net assets or fund balances .....		<b>34</b>	5,187,715.	
<b>40</b> Total liabilities and net assets/fund balances .....				

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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 ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,864,732.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,295,848.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	568,884.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,087,386.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-791.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,655,479.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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 in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</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 in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		
<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 ..... ► ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in 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 <b>Part VI</b> .		
<b>10a</b> 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 10b below.		
<b>b</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.)		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

### Supplemental Information.

**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.)

## Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

**TALLER SAN JOSE HOPE BUILDERS**

Employer identification number

**59-3816355**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

### General Rule

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

### Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
<u>1</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>10,734.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>20,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>36,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 10,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 124,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 33,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 66,261.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 18,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 102,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 12,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 57,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$ <u>6,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>48,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>5,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 11,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 7,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 16,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 250,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 30,107.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 14,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
85		\$ 10,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 71,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 6,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
91		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 6,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
97		\$ 21,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$ 30,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 6,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 15,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
103		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>104</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>105</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>106</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>107</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>108</u>		\$ <u>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>109</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
115		\$ 8,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
121		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
122		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 5,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 32,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 51,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
127		\$ 31,695.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 30,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 11,014.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 26,045.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 7,875.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 16,917.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
133		\$ 2,149.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 825.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 2,861.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 1,170.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 50.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
139		\$ 300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 75.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 50.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
TALLER SAN JOSE HOPE BUILDERS	59-3816355

**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
127	PROFESSIONAL FEES	\$ 31,695.	06/30/19
128	VIDEO PRESENTATION AND PRINTING SERVICES	\$ 30,000.	09/30/18
129	AUCTION ITEMS	\$ 11,014.	07/31/18
130	AUCTION ITEMS	\$ 26,045.	08/31/18
131	SUPPLIES AND SERVICES FOR AUCTION	\$ 7,875.	09/30/18
132	SUPPLIES AND SERVICES FOR AUCTION	\$ 16,917.	09/30/18

Name of organization	Employer identification number
TALLER SAN JOSE HOPE BUILDERS	59-3816355

**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
133	<u>AUCTION ITEMS</u>   	\$ <u>2,149.</u>	<u>04/30/19</u>
134	<u>AUCTION ITEMS</u>   	\$ <u>825.</u>	<u>05/31/19</u>
135	<u>AUCTION ITEMS</u>   	\$ <u>2,861.</u>	<u>06/30/19</u>
136	<u>SUPPLIES AND SERVICES FOR CONSTRUCTION TRAINING</u>   	\$ <u>10,000.</u>	<u>09/30/18</u>
137	<u>COMPUTER SERVER</u>   	\$ <u>1,170.</u>	<u>11/30/18</u>
138	<u>GIFT CARDS</u>   	\$ <u>50.</u>	<u>07/31/18</u>

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
139	GIFT CARDS	\$ 300.	12/31/18
140	GIFT CARDS	\$ 75.	01/24/19
141	SUITS AND TIES	\$ 50.	02/28/19
		\$	
		\$	
		\$	



Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization**

TALLER SAN JOSE HOPE BUILDERS

**Employer identification number**

59-3816355

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2018

**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 are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	215,207.	634,596.	748,436.	1,204,203.	1,363,123.
b Contributions	30,000.	173,992.	41,000.	0.	0.
c Net investment earnings, gains, and losses	13,486.	41,619.	95,160.	-10,682.	51,080.
d Grants or scholarships					
e Other expenditures for facilities and programs		635,000.	250,000.	445,085.	210,000.
f Administrative expenses					
g End of year balance	258,693.	215,207.	634,596.	748,436.	1,204,203.

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 Temporarily restricted 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:

- (i) unrelated organizations ☐  
 (ii) related organizations ☐

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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		1,065,583.	396,270.	669,313.
c Leasehold improvements		807,622.	461,930.	345,692.
d Equipment		621,424.	505,909.	115,515.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,130,520.

Schedule D (Form 990) 2018

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) HOPE BUILDERS CONSTRUCTION COMPANY	1,388,575.
(2) PROPERTIES HELD FOR RESALE	8,000.
(3) PREPAID EXPENSES	505.
(4) DEPOSITS	16,000.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,413,080.

**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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**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.

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

**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.

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

**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 V, LINE 4:

PROVIDE CONTINUING SUPPORT FOR OPERATIONS.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

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

► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**TALLER SAN JOSE HOPE BUILDERS**

Employer identification number

**59-3816355**

**Part I**

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.  
If you need more space, use Part II .....
- SEE PART II**

- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- d** Copies of all material used by the organization or on its behalf to solicit contributions? .....
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges? .....
- b** Admissions policies? .....
- c** Employment of faculty or administrative staff? .....
- d** Scholarships or other financial assistance? .....
- e** Educational policies? .....
- f** Use of facilities? .....
- g** Athletic programs? .....
- h** Other extracurricular activities? .....
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a** Does the organization receive any financial aid or assistance from a governmental agency? .....
- b** Has the organization's right to such aid ever been revoked or suspended? .....
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....

	YES	NO
<b>1</b>	X	
<b>2</b>	X	
<b>3</b>		X
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>	X	
<b>4d</b>	X	
<b>5a</b>		X
<b>5b</b>		X
<b>5c</b>		X
<b>5d</b>		X
<b>5e</b>		X
<b>5f</b>		X
<b>5g</b>		X
<b>5h</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>	X	

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

Schedule E (Form 990 or 990-EZ) 2018

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

**LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:**

TALLER SAN JOSE DID NOT PUBLICIZE ITS RACIALLY

NONDISCRIMINATORY POLICY IN THE PRINT OR BROADCAST MEDIA

DURING THIS FISCAL YEAR. HOWEVER, IT DID INCLUDE ITS

NONDISCRIMINATION POLICY ON ALL SOLICITATION AND APPLICATION

MATERIALS. OUR REGISTRATION IS YEAR ROUND, AS CLASSES START

EVERY FEW WEEKS. OF OUR ENROLLEES, ONLY 2% DESCRIBE THEMSELVES AS "WHITE,

NOT HISPANIC OR LATINO", AND 71% OF OUR ENROLLEES SAY THEY HEARD ABOUT US

FROM A FRIEND OR RELATIVE.

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

THE ORGANIZATION RECEIVED GOVERNMENT GRANTS FROM THE CITY OF ANAHEIM, CITY

OF SANTA ANA, AND NORTH OC PUBLIC SAFETY TASK FORCE.





**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 <b>LIGHT UP A LIFE</b>	(b) Event #2	(c) Other events <b>NONE</b>	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	713,565.			713,565.
	<b>2</b> Less: Contributions .....	713,565.			713,565.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	73,420.			73,420.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				73,420.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-73,420.

**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	<b>1</b> Gross revenue .....			50,667.	50,667.
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					50,667.

**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: \_\_\_\_\_

- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 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.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number  
59-3816355

**Part I** General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) (2018)

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
STIPENDS	266	219,595.	350.	FACE VALUE	CLOTHING, GIFT CARDS, SCHOLARSHIPS

Part IV

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

**SCHEDULE J  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**TALLER SAN JOSE HOPE BUILDERS**

Employer identification number

**59-3816355**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**3** Indicate which, if any, of the following the filing 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

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? .....

**b** Any related organization? .....

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? .....

**b** Any related organization? .....

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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2018

**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.

[illegible]

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.

[illegible]



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**TALLER SAN JOSE HOPE BUILDERS**

Employer identification number

**59-3816355**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <b>PROFESSIONAL</b> )	X	1	31,695.	FAIR MARKET VALUE
26 Other ▶ ( <b>VIDEO PRESENT</b> )	X	1	30,000.	FAIR MARKET VALUE
27 Other ▶ ( <b>AUCTION ITEMS</b> )	X	1	26,045.	FAIR MARKET VALUE
28 Other ▶ ( <b>SUPPLIES AND</b> )	X	1	16,917.	FAIR MARKET VALUE

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
<b>30a</b>		X
<b>31</b>	X	
<b>32a</b>		X
<b>33</b>		

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

**Schedule M (Form 990) 2018**

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**PART I, OTHER TYPES OF PROPERTY:****AUCTION ITEMS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 11014.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**SUPPLIES AND SERVICES FOR CONSTRUCTION TRAINING**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 10000.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**SUPPLIES AND SERVICES FOR AUCTION**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7875.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**AUCTION ITEMS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2861.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**AUCTION ITEMS**

(A) CHECK IF APPLICABLE = X

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2149.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

## COMPUTER SERVER

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1170.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

## AUCTION ITEMS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 825.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

## GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 300.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

## GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 75.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**GIFT CARDS**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 50.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**SUITS AND TIES**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 50.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number  
59-3816355

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

EDUCATIONAL OPPORTUNITIES, WITH THE JOB TRAINING AND LIFE SKILLS NEEDED  
TO ACHIEVE ECONOMIC STABILITY AND ENDURING PERSONAL AND PROFESSIONAL  
SUCCESS.

FORM 990, PART VI, SECTION A, LINE 2:

SHAWNA SMITH GOTREAU IS A FULL TIME EMPLOYEE OF TALLER SAN JOSE HOPE  
BUILDERS. SISTER EILEEN MCNERNEY IS A SISTER IN THE SISTERS OF ST. JOSEPH  
OF ORANGE, WHICH HAS DESIGNATED CONTROL PER OUR BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ONLY MEMBER OF TALLER SAN JOSE HOPE BUILDERS IS THE SISTERS OF ST.  
JOSEPH OF ORANGE. THE ONLY MEMBER OF HOPE BUILDERS CONSTRUCTION COMPANY IS  
TALLER SAN JOSE HOPE BUILDERS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS MUST APPROVE:

1. ANY AMENDMENT TO THE ARTICLES OF INCORPORATION OR BYLAWS
2. APPOINTMENT OR REMOVAL OF THE EXECUTIVE DIRECTOR
3. APPOINTMENT OF UP TO THREE SISTER BOARD MEMBERS
4. DISSOLUTION OF THE CORPORATION
5. SALE OR TRANSFER OF SUBSTANTIALLY ALL THE ASSETS OF THE CORPORATION
6. ANY CHANGE TO THE STRUCTURE OR OPERATION THAT WOULD AFFECT ITS TAX  
EXEMPT STATUS.

FORM 990, PART VI, SECTION A, LINE 7B:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

59-3816355

## MEMBERS MUST APPROVE:

1. ANY AMENDMENT TO THE ARTICLES OF INCORPORATION OR BYLAWS
2. APPOINTMENT OR REMOVAL OF THE EXECUTIVE DIRECTOR
3. APPOINTMENT OF UP TO THREE SISTER BOARD MEMBERS
4. DISSOLUTION OF THE CORPORATION
5. SALE OR TRANSFER OF SUBSTANTIALLY ALL THE ASSETS OF THE CORPORATION
6. ANY CHANGE TO THE STRUCTURE OR OPERATION THAT WOULD AFFECT ITS TAX EXEMPT STATUS.

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

THE FORM 990 IS PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS PRIOR TO FILING, AND REVIEWED IN DETAIL BY THE FINANCE COMMITTEE.

## FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD MUST COMPLETE A CONFLICT OF INTEREST FORM PRIOR TO ELECTION TO THE BOARD. EACH BOARD MEMBER MUST ALSO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY.

## FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION THE LEADERSHIP TEAM IS APPROVED IN JUNE AS PART OF THE BUDGET PROCESS. COMPARATIVE COMPENSATION DATA IS PROVIDED TO THE BOARD AT THAT TIME. BONUS COMPENSATION IS APPROVED IN OCTOBER FOR THE LEADERSHIP TEAM.

COMPENSATION THE LEADERSHIP TEAM IS APPROVED IN JUNE AS PART OF THE BUDGET PROCESS. COMPARATIVE COMPENSATION DATA IS PROVIDED TO THE BOARD AT THAT TIME. BONUS COMPENSATION IS APPROVED IN OCTOBER FOR THE LEADERSHIP TEAM.

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

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

59-3816355

GOVERNING DOCUMENTS AND FORM 990S ARE AVAILABLE ON THE ORGANIZATION'S  
WEBSITE. POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN/ LOSS ON DISPOSAL -16.

DEPRECIATION -775.

TOTAL TO FORM 990, PART XI, LINE 9 -791.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION  
PROCESS DURING THE TAX YEAR.

## 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

**Employer identification number**  
59-3816355

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

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

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

[illegible]

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

Schedule R (Form 990) 2018



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

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

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

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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) HOPE BUILDERS CONSTRUCTION COMPANY	L	12,000.	ESTIMATE FMV
(2) HOPE BUILDERS CONSTRUCTION COMPANY	R	11,762.	CASH VALUE
(3) HOPE BUILDERS CONSTRUCTION COMPANY	S	29,197.	CASH VALUE
(4) SISTERS OF ST. JOSEPH OF ORANGE	P	12,394.	CASH VALUE
(5) SISTERS OF ST. JOSEPH OF ORANGE	C	203,370.	CASH VALUE
(6) PROVIDENCE ST. JOSEPH HEALTH	C	98,397.	CASH VALUE

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) PROVIDENCE ST. JOSEPH HEALTH	P	340,244.	CASH VALUE
(8) PROVIDENCE ST. JOSEPH HEALTH	E	310,504.	LINE OF CREDIT
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**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.

[illegible]

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

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING, 801 N. BROADWAY	06/25/01	SL	39.00	MM	16	52,600.				52,600.	11,689.		1,349.	13,038.
3	BUILDING, 810 N. POINSETTIA	01/04/02	SL	39.00	MM	16	781,682.				781,682.	364,147.		20,043.	384,190.
	* 990 PAGE 10 TOTAL BUILDINGS						834,282.				834,282.	375,836.		21,392.	397,228.
	LAND														
2	LAND 801 N. BROADWAY	06/25/01	L				62,883.				62,883.			0.	
4	LAND, 810 N. POINSETTIA	01/04/02	L				168,418.				168,418.			0.	
	* 990 PAGE 10 TOTAL LAND						231,301.				231,301.	0.		0.	0.
	OTHER														
5	IMPROVMENTS 801 N BDWY	06/30/97	SL	15.00		16	33,453.				33,453.	33,453.		0.	33,453.
6	IMPROVMENTS 801 N BDWY	06/30/98	SL	15.00		16	69,509.				69,509.	69,509.		0.	69,509.
7	IMPROVMENTS 801 N BDWY	06/30/99	SL	15.00		16	160,791.				160,791.	160,791.		0.	160,791.
8	EXTERIOR LIGHTING	11/30/99	SL	15.00		16	360.				360.	360.		0.	360.
9	ENTRY DOORS	04/19/00	SL	15.00		16	1,411.				1,411.	1,411.		0.	1,411.
10	A.C IMPROVEMENTS	04/19/00	SL	5.00		16	645.				645.	645.		0.	645.
11	IMPROVMENTS 801 N BDWY	08/31/00	SL	39.00	MM	16	9,904.				9,904.	4,536.		254.	4,790.
12	ELECTRICAL UPGRADE	09/22/04	SL	15.00		16	7,310.				7,310.	6,710.		487.	7,197.
13	EXTERIOR PAINT	09/20/04	SL	5.00		16	11,000.				11,000.	11,000.		0.	11,000.

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(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
14	MONUMENT SIGN	03/05/05	SL	15.00		16	4,435.				4,435.	3,952.		296.	4,248.
15	BALANCE OF ELECTRICAL WORK	12/15/04	SL	15.00		16	3,014.				3,014.	2,718.		201.	2,919.
16	TILE WORK ON OUTSIDE STEPS	01/30/07	SL	15.00		16	1,020.				1,020.	784.		68.	852.
17	PICNIC TABLES	03/14/08	SL	15.00		16	4,530.				4,530.	3,117.		302.	3,419.
18	PARKING LOT RESURFACE	12/31/12	SL	5.00		16	2,400.				2,400.	2,400.		0.	2,400.
19	CARPET INSTALLATION	07/01/13	SL	10.00		16	3,000.				3,000.	1,500.		300.	1,800.
20	CARPET FOR BROADWAY	07/01/13	SL	10.00		16	17,098.				17,098.	8,537.		1,710.	10,247.
21	BALANCE OF CARPET INSTALLATION	07/06/13	SL	10.00		16	3,568.				3,568.	1,790.		357.	2,147.
22	NEW A/C UNIT	11/01/14	SL	12.00		16	8,955.				8,955.	2,732.		746.	3,478.
23	NEW ROOF	09/01/16	SL	20.00		16	13,160.				13,160.	1,228.		658.	1,886.
24	NEW ROOF, MOBILIZATION, LOGISTICS, BID COLLECTION, M	09/30/16	SL	20.00		16	2,899.				2,899.	252.		145.	397.
25	VINYL FLOORING IN LARGE CLASSROOM AND 4 SMALLER ROOM	07/31/16	SL	15.00		16	6,769.				6,769.	798.		451.	1,249.
26	CHANGE ORDER TO NEW VINYL FLOOR - MOVE FURNITURE BACK	09/30/16	SL	15.00		16	900.				900.	105.		60.	165.
27	HVAC UNIT - 7.5 TON PACKAGE UNIT #1 FOR 2ND FLOOR - INCL	01/03/19	SL	15.00		16	13,075.				13,075.			436.	436.
28	HVAC UNIT - 7.5 TON PACKAGE - UNIT #2 FOR 1ST FLOOR	03/01/19	SL	15.00		16	11,094.				11,094.			247.	247.
29	CONDENSING UNIT	01/03/19	SL	15.00		16	3,673.				3,673.			122.	122.
30	FUSED GLASS PANEL WINDOWS AT 801	03/21/19	SL	15.00		16	36,100.				36,100.			602.	602.
31	IRON FENCING	03/31/19	SL	15.00		16	8,540.				8,540.			142.	142.

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(D) - Asset disposed

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32	IMPRVM'TS 810 N. POINSETTIA	06/30/03	SL	39.00	MM	16	33,152.				33,152.	12,755.		850.	13,605.
33	CLASSROOM PROJECT COST/FINISHED 1/1/04	01/01/04	SL	39.00	MM	16	45,565.				45,565.	16,932.		1,168.	18,100.
34	SECURITY CAMERAS	09/21/04	SL	15.00		16	1,124.				1,124.	1,024.		75.	1,099.
35	AIR CONDITIONING	10/04/04	SL	15.00		16	3,645.				3,645.	3,335.		243.	3,578.
36	SOLAR PLOT PLAN	01/01/16	SL	15.00		16	300.				300.	58.		20.	78.
37	ROOF MOUNTED PV SOLAR DESIGN	01/01/16	SL	15.00		16	1,000.				1,000.	177.		67.	244.
38	PLANNING, PERMITS & FEES	01/01/16	SL	15.00		16	1,451.				1,451.	240.		97.	337.
39	ROOF SOLAR PROJECT	01/01/16	SL	15.00		16	54,610.				54,610.	525.		0.	525.
40	EPOXY FLOORS AT 810	11/01/15	SL	15.00		16	3,878.				3,878.	1,724.		259.	1,983.
41	NEW AC COMPRESSOR AND COIL REPLACEMENT	01/01/17	SL	15.00		16	4,752.				4,752.	468.		317.	785.
42	EXTERIOR BUILDING LIGHTING FOR 801	07/01/18	SL	15.00		16	1,277.				1,277.			0.	
43	BAY ALARM EQUIPMENT INSTALL	06/15/19	SL	15.00		16	1,226.				1,226.			7.	7.
44	FEZ IMPRVM'TS 810 N POINSETTIA	04/29/02	SL	15.00		16	2,285.				2,285.	2,285.		0.	2,285.
45	FEZ IMPRVM'TS 810 N POINSETTIA	06/30/03	SL	39.00	MM	16	56,691.				56,691.	33,904.		1,454.	35,358.
46	I-K RENOVATION, 801 BDWY	06/30/97	SL	5.00		16	29,500.				29,500.	27,260.		0.	27,260.
47	SIDEWALK REPLACEMENT	01/31/07	SL	39.00	MM	16	9,630.				9,630.	2,849.		247.	3,096.
48	PAD FOR PICNIC TABLES	03/01/08	SL	39.00	MM	16	5,000.				5,000.	1,418.		128.	1,546.
49	SPACE PLANNING & BLDG DRAWINGS-ANAHEIM	04/01/16	SL	15.00		16	5,300.				5,300.	784.		353.	1,137.

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50	CUP AND BUILDING PERMITS - ANAHEIM	04/01/16	SL	15.00		16	5,572.				5,572.	837.		371.	1,208.
51	MOBILIZATION & MATERIALS - ANAHEIM	04/01/16	SL	15.00		16	7,000.				7,000.	1,053.		467.	1,520.
52	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	SL	15.00		16	24,816.				24,816.	3,726.		1,654.	5,380.
53	BLUEPRINTS - ANAHEIM	04/01/16	SL	15.00		16	153.				153.	27.		10.	37.
54	CITY PERMIT FEES - ANAHEIM	04/01/16	SL	15.00		16	1,297.				1,297.	190.		86.	276.
55	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	SL	15.00		16	20,000.				20,000.	2,997.		1,333.	4,330.
56	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	30,000.				30,000.	4,508.		2,000.	6,508.
57	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	35,000.				35,000.	5,239.		2,333.	7,572.
58	SIGNAGE FOR ANAHEIM SITE	04/01/16	SL	15.00		16	8,734.				8,734.	1,322.		582.	1,904.
59	HARDWARE/ NETWORK CABLE RUN FOR 100 HARBOR BLVD	04/01/16	SL	15.00		16	10,259.				10,259.	1,539.		684.	2,223.
60	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	15,000.				15,000.	2,242.		1,000.	3,242.
61	TI IMPROVEMENT REIMBURSEMENT	06/30/16	SL	15.00		16	-85,000.				-85,000.	-11,328.		-5,664.	-16,992.
62	TI ON NEW ANAHEIM LOCATION	06/30/16	SL	15.00		16	28,528.				28,528.	3,792.		1,902.	5,694.
63	TI ON NEW ANAHEIM LOCATION	06/30/16	SL	15.00		16	1,940.				1,940.	264.		129.	393.
64	REMOVAL AND INSTALLATION OF CEILING FAN AT 801	09/30/16	SL	15.00		16	755.				755.	84.		50.	134.
65	ABC CLASSROOM - BUILDING OUT NEW COUNTERTOP	10/31/16	SL	15.00		16	1,700.				1,700.	189.		113.	302.
66	INSTALLATION OF HVAC DAMPERS, THERMOSTATS 801	01/01/17	SL	15.00		16	2,870.				2,870.	288.		191.	479.
67	TECH COPIER MULTIFUNCTIONS	03/04/11	SL	5.00		16	3,698.				3,698.	3,698.		0.	3,698.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	BROADWAY COPIER MULTIFUNCTION	06/09/11	SL	5.00		16	1,523.				1,523.	1,523.		0.	1,523.
69	5 STAFF DESKTOPS	01/18/12	SL	5.00		16	3,513.				3,513.	3,513.		0.	3,513.
70	5 STAFF DESKTOPS	06/08/12	SL	5.00		16	3,296.				3,296.	3,296.		0.	3,296.
71	NEW SERVERS - HARDWARE	03/01/13	SL	5.00		16	26,256.				26,256.	26,256.		0.	26,256.
72	NEW SERVERS - HARDWARE	03/01/13	SL	5.00		16	21,785.				21,785.	21,785.		0.	21,785.
73	NEW SERVERS - HARDWARE	03/01/13	SL	5.00		16	5,241.				5,241.	5,241.		0.	5,241.
74	SHORETEL SERVER UPGRADE - PROJECT CHANGE ORDER	04/01/13	SL	5.00		16	327.				327.	327.		0.	327.
75	NEW BW PHONE SERVER & DISKS	04/01/13	SL	5.00		16	2,262.				2,262.	2,262.		0.	2,262.
76	VOICEMAIL SERVER UPGRADE	04/01/13	SL	5.00		16	2,399.				2,399.	2,399.		0.	2,399.
77	RACK REBUILD	04/01/13	SL	5.00		16	936.				936.	936.		0.	936.
78	NEW SERVER - INSTALLATION	04/01/13	SL	5.00		16	2,976.				2,976.	2,976.		0.	2,976.
79	UPDATE SHORETEL SYSTEM TO V12.3	07/01/13	SL	5.00		16	1,148.				1,148.	1,148.		0.	1,148.
80	EXTRA SITE LICENSE	09/01/13	SL	5.00		16	696.				696.	673.		23.	696.
81	DESKTOPS & WIRELESS PROJECT	12/01/13	SL	5.00		16	40,118.				40,118.	36,107.		3,343.	39,450.
82	DESKTOPS & WIRELESS PROJECT	12/01/13	SL	5.00		16	5,525.				5,525.	4,973.		460.	5,433.
83	DESKTOPS & WIRELESS PROJECT	12/01/13	SL	5.00		16	14,459.				14,459.	13,013.		1,205.	14,218.
84	HP SAS 600 INTERNAL HARD DRIVE	08/01/14	SL	5.00		16	1,102.				1,102.	863.		220.	1,083.
85	NETWORK MOVE	12/01/14	SL	5.00		16	3,584.				3,584.	2,628.		717.	3,345.

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86	ANAHEIM SERVER	04/01/16	SL	5.00		16	9,448.				9,448.	4,251.		1,890.	6,141.
87	ANAHEIM VOICEMAIL SERVER	04/01/16	SL	5.00		16	451.				451.	203.		90.	293.
88	ANAHEIM SERVER	04/01/16	SL	5.00		16	2,802.				2,802.	1,261.		560.	1,821.
89	25 LENOVO LAPTOPS FOR ANAHEIM	11/01/15	SL	5.00		16	18,627.				18,627.	9,935.		3,725.	13,660.
90	3 LENOVO THINKPAD YOGA LAPTOPS	12/01/15	SL	5.00		16	2,490.				2,490.	1,079.		498.	1,577.
91	VOICEMAIL SERVER - 1600 MOVED TO 801 2018	05/01/17	SL	5.00		16	1,706.				1,706.	398.		341.	739.
92	BATTERY BACKUP	07/01/17	SL	5.00		16	875.				875.	175.		175.	350.
93	NEW 801 SERVER (AFINITY INSTALLED ON 12/03/2018)	12/03/18	SL	5.00		16	11,413.				11,413.			1,332.	1,332.
94	NEW 801 HP 2620-48-POE LAYER 3 SWITCH	12/03/18	SL	5.00		16	2,320.				2,320.			271.	271.
95	LATERAL FILE	05/10/00	SL	5.00		16	366.				366.	366.		0.	366.
96	3 4-DRWR FILING CABINETS	08/21/00	SL	5.00		16	547.				547.	547.		0.	547.
97	DESK CHAIRS/ARMCHAIRS	09/06/00	SL	5.00		16	509.				509.	509.		0.	509.
98	SAFE	10/25/00	SL	5.00		16	236.				236.	236.		0.	236.
99	DESK/BOOKCASE	02/28/01	SL	5.00		16	669.				669.	669.		0.	669.
100	24 PORT SWITCH FOR PHONE SYSTEM	04/11/07	SL	5.00		16	1,072.				1,072.	1,072.		0.	1,072.
101	DEPOSIT ON PHONE SYSTEM	04/23/07	SL	5.00		16	10,000.				10,000.	10,000.		0.	10,000.
102	ROUTER UPGRADES, ETC FOR PHONES	05/11/07	SL	5.00		16	2,677.				2,677.	2,677.		0.	2,677.
103	LINE RESEARCH, CABLES FOR PHONE SYSTEM	05/18/07	SL	5.00		16	1,161.				1,161.	1,161.		0.	1,161.

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104	BALANCE OF PHONE SYSTEM	06/07/07	SL	5.00		16	12,872.				12,872.	12,872.		0.	12,872.
105	EXTRA PHONE EXTENSION	07/12/07	SL	5.00		16	536.				536.	536.		0.	536.
106	UPGRADE ROUTERS FOR T-1	08/30/07	SL	5.00		16	2,217.				2,217.	2,217.		0.	2,217.
107	PHONE SYSTEM FOR 820 POINSETTIA	10/24/07	SL	5.00		16	6,955.				6,955.	6,955.		0.	6,955.
108	FURNITURE AT 820 BUILDING	10/31/07	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
109	FURNITURE AT 820 BUILDING	10/31/07	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
110	RESCUITATION DUMMY	03/02/10	SL	5.00		16	4,090.				4,090.	4,090.		0.	4,090.
111	STUDENT TABLES FOR CLASSROOM 2	04/06/10	SL	5.00		16	4,868.				4,868.	4,868.		0.	4,868.
112	NEW EXTENSIONS AND LICENSES	09/01/13	SL	5.00		16	3,531.				3,531.	3,417.		114.	3,531.
113	TRAINING TABLE FOR CONFERENCE ROOM	08/01/14	SL	5.00		16	3,137.				3,137.	2,451.		627.	3,078.
114	SMARTTV FOR 801 CONFERENCE ROOM - TO ANAHEIM 2018	03/01/15	SL	5.00		16	2,800.				2,800.	1,875.		560.	2,435.
115	DEPOSIT ON PHONE EQUIPMENT - ANAHEIM	04/01/16	SL	5.00		16	4,519.				4,519.	2,034.		904.	2,938.
116	801 RECEPTION AREA WORKSTATION	12/01/15	SL	5.00		16	3,840.				3,840.	1,984.		768.	2,752.
117	FURNITURE FOR 801 2ND FLOOR CAREER OFFICES	12/01/15	SL	5.00		16	2,413.				2,413.	1,247.		483.	1,730.
118	MEDICAL/CLASSROOM/OFFICE - FURN. & EQUIP	04/01/16	SL	5.00		16	20,500.				20,500.	9,225.		4,100.	13,325.
119	FIXTURE-DONOR WALL AT 801 N. HARBOR	04/30/16	SL	5.00		16	25,592.				25,592.	11,392.		5,118.	16,510.
120	BLINDS FOR 100 HARBOR	09/30/16	SL	5.00		16	2,919.				2,919.	1,022.		584.	1,606.
122	XEROX WORKCENTRE 5955 COPIER FOR ANAHEIM OFFICE	02/11/19	SL	5.00		16	5,926.				5,926.			494.	494.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**2018 DEPRECIATION AND AMORTIZATION REPORT**

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
123	CABINETS AND SUPPLIES FOR MCA	03/01/08	SL	10.00		16	37,500.				37,500.	37,500.		0.	37,500.
124	SIMPSON HARDWARE AND TOOLS	06/06/12	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
125	CHAIRS	08/01/14	SL	5.00		16	2,500.				2,500.	1,925.		500.	2,425.
126	TWO FREEZERS	08/01/14	SL	5.00		16	2,000.				2,000.	1,525.		400.	1,925.
127	CUBICLES AT 1600 - KEPT 2 CUBLICES AT 801	09/01/14	SL	5.00		16	2,000.				2,000.	1,499.		400.	1,899.
128	LOCKERS - WORD & BROWN	09/01/14	SL	5.00		16	1,500.				1,500.	1,125.		300.	1,425.
129	DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCH	07/30/17	SL	5.00		16	2,930.				2,930.	588.		586.	1,174.
130	DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCH	08/31/17	SL	5.00		16	4,620.				4,620.	924.		924.	1,848.
131	10 WOOD AND CLOTH CUBICLES	06/30/18	SL	5.00		16	7,500.				7,500.			1,500.	1,500.
132	SJW - SLIDING TABLE	06/13/00	SL	5.00		16	703.				703.	703.		0.	703.
133	SJW - VACUMN	06/30/00	SL	5.00		16	149.				149.	149.		0.	149.
134	TECH STORAGE UNIT	04/11/02	SL	5.00		16	2,990.				2,990.	2,990.		0.	2,990.
135	TECH SECURITY SYSTEM	03/12/03	SL	5.00		16	6,626.				6,626.	6,626.		0.	6,626.
136	CHAIRS & TABLES	02/09/04	SL	5.00		16	5,309.				5,309.	5,309.		0.	5,309.
137	CHAIRS & TABLES	03/03/04	SL	5.00		16	706.				706.	706.		0.	706.
138	CHAIRS & TABLES	03/03/04	SL	5.00		16	5,478.				5,478.	5,478.		0.	5,478.
139	GREEN JOBS SETUP	08/11/06	SL	5.00		16	34,000.				34,000.	34,000.		0.	34,000.
140	POINSETTIA OFFICE AREA WORKSTATION	12/01/15	SL	5.00		16	4,681.				4,681.	2,419.		936.	3,355.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**2018 DEPRECIATION AND AMORTIZATION REPORT**

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
141	QTY 4 COMPOUND MITER SAWS WITH STANDS	07/06/17	SL	5.00		16	3,461.				3,461.	692.		692.	1,384.
142	WHEELER REX: TREADING MACHINE SIDEKICK III	07/01/19	SL	5.00		16	1,709.				1,709.			0.	
143	BLACKBAUD SFTWR	07/21/00	SL	5.00		16	2,152.				2,152.	2,152.		0.	2,152.
144	TSJ RAISERS EDGE SFTWR	08/28/02	SL	5.00		16	1,598.				1,598.	1,598.		0.	1,598.
145	QUICKBOOKS ENTERPRISE EDITION	12/19/07	SL	5.00		16	2,775.				2,775.	2,775.		0.	2,775.
146	IN DEMAND - OCA TESTING	07/02/08	SL	5.00		16	1,141.				1,141.	1,141.		0.	1,141.
147	IN DEMAND - OCA TESTING OFFICE 2007	03/23/10	SL	5.00		16	1,725.				1,725.	1,725.		0.	1,725.
148	COMMUNITY TECHKNOWLEDGE/ APRICOT	03/01/14	SL	5.00		16	23,854.				23,854.	20,673.		3,181.	23,854.
149	AFINETY - OFFICE 365	08/01/14	SL	5.00		16	7,000.				7,000.	5,483.		1,400.	6,883.
150	AFINETY - OFFICE 365	12/01/14	SL	5.00		16	3,052.				3,052.	2,238.		610.	2,848.
151	MEDISOFT	11/25/10	SL	5.00		16	5,532.				5,532.	5,532.		0.	5,532.
152	WELLS FARGO COPIER LEASE	06/30/18	SL	5.00		16	70,547.				70,547.	8,231.		14,109.	22,340.
153	GMC TRUCK - BOX TRUCK	07/31/99	SL	5.00		16	18,421.				18,421.	18,422.		0.	18,422.
154	2012 CHEVY TRAVERSE	09/26/12	SL	5.00		16	30,845.				30,845.	30,845.		0.	30,845.
155	2009 CHEVY EQUINOX	04/01/15	SL	3.00		16	5,490.				5,490.	5,490.		0.	5,490.
156	(D)8DELL FLAT SCREEN MONITORS	10/16/06	SL	5.00		16	2,080.				2,080.	2,080.		0.	2,080.
157	(D)NEW HARD DRIVES FOR SERVER	04/09/09	SL	5.00		16	1,387.				1,387.	1,387.		0.	1,387.
158	(D)DESKTOP COMPUTER	05/12/09	SL	5.00		16	693.				693.	693.		0.	693.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**2018 DEPRECIATION AND AMORTIZATION REPORT**

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
159	(D)BW NETWORK UPGRADE, DESKTOP	06/21/09	SL	5.00		16	5,143.				5,143.	5,143.		0.	5,143.
160	(D)NETWORK UPGRADE	06/21/09	SL	5.00		16	983.				983.	983.		0.	983.
161	(D)5 HP DESKTOPS	06/16/09	SL	5.00		16	1,250.				1,250.	1,250.		0.	1,250.
162	(D)SERVER FOR NEW ADV OFFICE	12/20/11	SL	5.00		16	8,724.				8,724.	8,724.		0.	8,724.
163	(D)LABOR TO INSTALL NEW SERVER	01/01/12	SL	5.00		16	3,120.				3,120.	3,120.		0.	3,120.
164	(D)PHONES FOR NEW ADV OFFICE	12/20/11	SL	5.00		16	3,791.				3,791.	3,791.		0.	3,791.
165	(D)BALANCE ON PHONES	01/30/12	SL	5.00		16	3,791.				3,791.	3,791.		0.	3,791.
166	(D)WHITE BOARDS BW 2ND FLOOR	12/20/11	SL	5.00		16	1,479.				1,479.	1,479.		0.	1,479.
167	(D)EQUIPMENT IN KIND	06/30/98	SL	5.00		16	6,096.				6,096.	6,096.		0.	6,096.
168	(D)TECH DONATED TOOLS/SM EQUIPMENT	06/30/02	SL	5.00		16	37,500.				37,500.	37,500.		0.	37,500.
169	(D)DONATED COMPUTERS	03/01/17	SL	5.00		16	1,100.				1,100.	324.		18.	342.
170	(D)2012 CHEVY SILVERADO	09/01/12	SL	7.00		16	23,930.				23,930.	19,944.		1,994.	21,938.
171	(D)2006 FORD F-150	04/01/11	SL	5.00		16	10,000.				10,000.	10,000.		0.	10,000.
172	(D)2011 CHEVY SILVERADO	06/20/11	SL	7.00		16	25,669.				25,669.	25,669.		0.	25,669.
	* 990 PAGE 10 TOTAL OTHER						1,565,781.				1,565,781.	1,023,813.		76,262.	1,100,075.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,631,364.				2,631,364.	1,399,649.		97,654.	1,497,303.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,535,011.			0.	2,535,011.	1,399,649.			1,493,650.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## FORM 990 PAGE 10

[illegible]



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

OMB No. 1545-1709

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

		Enter filer's identifying number
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>TALLER SAN JOSE HOPE BUILDERS</b>	Employer identification number (EIN) or  <b>59-3816355</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>801 N. BROADWAY</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA ANA, CA 92701</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**NANCY LOUGHREY**

- The books are in the care of ► **801 N. BROADWAY - SANTA ANA, CA 92701**  
Telephone No. ► **714-543-5105** Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ **01**  
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

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

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

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

2018

# California Exempt Organization Annual Information Return

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018, and ending (mm/dd/yyyy) 06/30/2019.

Corporation/Organization name <b>TALLER SAN JOSE HOPE BUILDERS</b>		California corporation number <b>2799610</b>	
Additional information. See instructions.		FEIN <b>59-3816355</b>	
Street address (suite or room) <b>801 N. BROADWAY</b>		PMB no.	
City <b>SANTA ANA</b>		State <b>CA</b>	ZIP code <b>92701</b>
Foreign country name		Foreign province/state/county	
		Foreign postal code	

<b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <input type="checkbox"/> <b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other <b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series <b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? <b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____ <b>L</b> If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/> <b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
---	---

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

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	216,138	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received SEE SCH. B	3	3,724,764	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	3,940,902	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	2,750	00
	7 Total costs. Add line 5 and line 6	7	2,750	00
	8 Total gross income. Subtract line 7 from line 4	8	3,938,152	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	3,369,268	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	568,884	00
<b>Filing Fee</b>	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 Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16 Penalties and Interest. See General Information J	16		00
	17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00
<b>Sign Here</b>	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 <b>CFO</b>	Date	• Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>04/07/20</b>	Check if self-employed <input type="checkbox"/>	• PTIN <b>P00965403</b>
	Firm's name (or yours, if self-employed) and address <b>RJI INTERNATIONAL CPAS 18012 SKY PARK CIRCLE, SUITE 200 IRVINE, CA 92614</b>			• Firm's FEIN <b>33-0953262</b>
				• Telephone <b>(949) 852-1600</b>
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**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.

828951 12-12-18

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	50,667	00
	2	Interest	•	2	320	00
	3	Dividends	•	3	3,531	00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions) <b>STATEMENT 1</b>	•	6	10,934	00
	7	Other income <b>SEE STATEMENT 2</b>	•	7	150,686	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	216,138	00
	9	Contributions, gifts, grants, and similar amounts paid <b>STATEMENT 3</b>	•	9	219,945	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 4</b>	•	11	411,125	00
	12	Other salaries and wages	•	12		00
	13	Interest	•	13	12,118	00
	14	Taxes	•	14		00
	15	Rents	•	15	293,773	00
	16	Depreciation and depletion (See instructions)	•	16	97,654	00
	17	Other Expenses and Disbursements <b>SEE STATEMENT 5</b>	•	17	2,334,653	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,369,268	00

**Schedule L Balance Sheet**

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		332,960	•	877,042
2 Net accounts receivable		500	•	
3 Net notes receivable			•	
4 Inventories		5,541	•	19,098
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments <b>STMT 6</b>		215,207	•	258,693
10 a Depreciable assets	2,535,361		2,494,629	
b Less accumulated depreciation	( 1,397,615 )	1,137,746	( 1,364,109 )	1,130,520
11 Land			•	
12 Other assets <b>STMT 7</b>		2,908,623	•	2,902,362
13 <b>Total assets</b>		4,600,577		5,187,715
<b>Liabilities and net worth</b>				
14 Accounts payable		149,166	•	171,975
15 Contributions, gifts, or grants payable		400	•	
16 Bonds and notes payable			•	
17 Mortgages payable		300,948	•	310,504
18 Other liabilities <b>STMT 8</b>		62,677		49,757
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		4,087,386	•	4,655,479
22 <b>Total liabilities and net worth</b>		4,600,577		5,187,715

**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	•	568,884	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		568,884
6 Total. Add line 1 through line 5		568,884			

## Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

**TALLER SAN JOSE HOPE BUILDERS**

Employer identification number

**59-3816355**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

### General Rule

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

### Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
<u>1</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>10,734.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
<u>7</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>20,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>36,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 10,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 124,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 33,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 66,261.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 18,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
31		\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 102,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 12,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 57,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$ <u>6,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>48,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>5,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
49		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 11,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 7,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 16,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 250,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 30,107.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
67		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 14,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
79		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
85		\$ 10,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
86		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 71,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 6,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
91		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
92		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 6,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
97		\$ 21,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$ 30,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 6,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 15,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
103		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>104</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>105</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>106</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>107</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>108</u>		\$ <u>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>109</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
115		\$ 8,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
121		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
122		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 5,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 32,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 51,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
127		\$ 31,695.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 30,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 11,014.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 26,045.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 7,875.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 16,917.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
133		\$ 2,149.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 825.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 2,861.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 1,170.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 50.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
139		\$ 300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 75.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 50.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
TALLER SAN JOSE HOPE BUILDERS	59-3816355

**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
127	PROFESSIONAL FEES	\$ 31,695.	06/30/19
128	VIDEO PRESENTATION AND PRINTING SERVICES	\$ 30,000.	09/30/18
129	AUCTION ITEMS	\$ 11,014.	07/31/18
130	AUCTION ITEMS	\$ 26,045.	08/31/18
131	SUPPLIES AND SERVICES FOR AUCTION	\$ 7,875.	09/30/18
132	SUPPLIES AND SERVICES FOR AUCTION	\$ 16,917.	09/30/18

Name of organization	Employer identification number
TALLER SAN JOSE HOPE BUILDERS	59-3816355

**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
133	<u>AUCTION ITEMS</u>   	\$ <u>2,149.</u>	<u>04/30/19</u>
134	<u>AUCTION ITEMS</u>   	\$ <u>825.</u>	<u>05/31/19</u>
135	<u>AUCTION ITEMS</u>   	\$ <u>2,861.</u>	<u>06/30/19</u>
136	<u>SUPPLIES AND SERVICES FOR CONSTRUCTION TRAINING</u>   	\$ <u>10,000.</u>	<u>09/30/18</u>
137	<u>COMPUTER SERVER</u>   	\$ <u>1,170.</u>	<u>11/30/18</u>
138	<u>GIFT CARDS</u>   	\$ <u>50.</u>	<u>07/31/18</u>

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

**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
139	GIFT CARDS	\$ 300.	12/31/18
140	GIFT CARDS	\$ 75.	01/24/19
141	SUITS AND TIES	\$ 50.	02/28/19
		\$	
		\$	
		\$	

Name of organization	Employer identification number
<b>TALLER SAN JOSE HOPE BUILDERS</b>	<b>59-3816355</b>

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

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

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



CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
			PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	GROSS SALES PRICE		
	0.	0.	0.
			2,119.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
	03/01/17	07/31/18	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	GROSS SALES PRICE		
	77,137.	76,379.	0.
			315.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
	06/20/11	01/31/19	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	GROSS SALES PRICE		
	59,599.	57,607.	0.
			8,500.

TOTAL TO FORM 199, PAGE 2, LN 6	136,736.	133,986.	0.	10,934.
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CA 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
FUNDED CURRICULUM	150,686.
TOTAL TO FORM 199, PART II, LINE 7	150,686.

CA 199	NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	3
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## ACTIVITY CLASSIFICATION: STIPENDS PAID TO STUDENTS

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	801 N. BROADWAY - SANTA ANA, CA 92701	STUDENT	219,595.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/19	0.		FAIR MARKET VALUE

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	801 N. BROADWAY - SANTA ANA, CA 92701	STUDENT	350.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/19	0.		FAIR MARKET VALUE

TOTAL FOR THIS ACTIVITY	219,945.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	219,945.
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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
CARLOS GONZALEZ 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
CHUCK WALKER 801 N. BROADWAY SANTA ANA, CA 92701	VICE CHAIR 1.00	0.	
ELVA RUBALCAVA 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
GEORGE URCH 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
JON GOTHOLD 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
JON STORBECK 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
KATHY KRAMER 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
KATIE RODIN 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
KATIE SKELTON 801 N. BROADWAY SANTA ANA, CA 92701	CHAIR 2.00	0.	
KEN MILLER 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
LARRY STOFKO 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	

MARCIA CHOO 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
SHAWNA SMITH GOTREAU 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 40.00	0.
SR. EILEEN MCNERNEY 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
TOM HONAN 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
VINCE MCGUINNESS, JR. 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
JEFFREY RANDOLPH 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
JOHN HEFFERNAN 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
CHRISTA SHEEHAN 801 N. BROADWAY SANTA ANA, CA 92701	DIR.ADV.&STRAT 40.00	0.
KARYN MENDOZA 801 N. BROADWAY SANTA ANA, CA 92701	DIR. OF PROGRAM 40.00	0.
NANCY LOUGHREY 801 N. BROADWAY SANTA ANA, CA 92701	CFO 40.00	0.
ANDRE DE LA CRUZ 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
PROGRAM SUPPLIES & RELA		130,377.	
SPECIAL EVENTS		85,140.	
PRINTING & OFFICE SUPPL		36,167.	
MISCELLANEOUS		3,611.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		73,420.	
PENSION PLAN CONTRIBUTIONS		1,702,420.	
OTHER PROFESSIONAL FEES		33,512.	
INFORMATION TECHNOLOGY		110,017.	
CONFERENCES AND CONVENTIONS		93,629.	
INSURANCE		66,360.	
TOTAL TO FORM 199, PART II, LINE 17		2,334,653.	

CA 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER PUBLICLY TRADED SECURITIES	215,207.	258,693.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	215,207.	258,693.	

CA 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,472,601.	1,481,282.	
PREPAID EXPENSES AND DEFERRED CHARGES	0.	8,000.	
DONATED GIFT CARDS	2,188.	0.	
HOPE BUILDERS CONSTRUCTION COMPANY	1,394,010.	1,388,575.	
OTHER	24,025.	0.	
PROPERTIES HELD FOR RESALE	15,799.	8,000.	
PREPAID EXPENSES	0.	505.	
DEPOSITS	0.	16,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,908,623.	2,902,362.	

CA 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ROUNDING	1.	0.	
UNSECURED NOTES AND LOANS PAYABLE	62,676.	49,757.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	62,677.	49,757.	

CA 199	FUND BALANCES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	1,951,177.	2,559,116.	
TEMPORARILY RESTRICTED ASSETS	2,136,209.	2,096,363.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	4,087,386.	4,655,479.	

2018

Corporation Depreciation  
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 59-3816355

Corporation name

California corporation number

TALLER SAN JOSE HOPE BUILDERS

2799610

## Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service .....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost) .....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from prior taxable years .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12 .....	13	

## Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&amp;TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	10	2,629,655.	1,399,649.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....	15	97,654				

## Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	97,654
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	97,654
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	0

## Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g) .....	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....	22				

CA 3885		DEPRECIATION				STATEMENT 10	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 BUILDING, 801 N. BROADWAY	06/25/01	52,600.	11,689.	SL	39.00	1,349.	
2 LAND 801 N. BROADWAY	06/25/01	62,883.		L		0.	
3 BUILDING, 810 N. POINSETTIA	01/04/02	781,682.	364,147.	SL	39.00	20,043.	
4 LAND, 810 N. POINSETTIA	01/04/02	168,418.		L		0.	
5 IMPROVMENTS 801 N BDWY	06/30/97	33,453.	33,453.	SL	15.00	0.	
6 IMPROVMENTS 801 N BDWY	06/30/98	69,509.	69,509.	SL	15.00	0.	
7 IMPROVMENTS 801 N BDWY	06/30/99	160,791.	160,791.	SL	15.00	0.	
8 EXTERIOR LIGHTING	11/30/99	360.	360.	SL	15.00	0.	
9 ENTRY DOORS	04/19/00	1,411.	1,411.	SL	15.00	0.	
10 A.C IMPROVEMENTS	04/19/00	645.	645.	SL	5.00	0.	
11 IMPROVMENTS 801 N BDWY	08/31/00	9,904.	4,536.	SL	39.00	254.	
12 ELECTRICAL UPGRADE	09/22/04	7,310.	6,710.	SL	15.00	487.	
13 EXTERIOR PAINT	09/20/04	11,000.	11,000.	SL	5.00	0.	
14 MONUMENT SIGN	03/05/05	4,435.	3,952.	SL	15.00	296.	
15 BALANCE OF ELECTRICAL WORK	12/15/04	3,014.	2,718.	SL	15.00	201.	
16 TILE WORK ON OUTSIDE STEPS	01/30/07	1,020.	784.	SL	15.00	68.	
17 PICNIC TABLES	03/14/08	4,530.	3,117.	SL	15.00	302.	
18 PARKING LOT RESURFACE	12/31/12	2,400.	2,400.	SL	5.00	0.	
19 CARPET INSTALLATION	07/01/13	3,000.	1,500.	SL	10.00	300.	
20 CARPET FOR BROADWAY	07/01/13	17,098.	8,537.	SL	10.00	1,710.	
21 BALANCE OF CARPET INSTALLATION	07/06/13	3,568.	1,790.	SL	10.00	357.	
22 NEW A/C UNIT	11/01/14	8,955.	2,732.	SL	12.00	746.	
23 NEW ROOF	09/01/16	13,160.	1,228.	SL	20.00	658.	



24	NEW ROOF, MOBILIZATION, LOGISTICS, BID COLLECTION, MEETINGS					
	09/30/16	2,899.	252. SL	20.00	145.	
25	VINYL FLOORING IN LARGE CLASSROOM AND 4 SMALLER ROOMS					
	07/31/16	6,769.	798. SL	15.00	451.	
26	CHANGE ORDER TO NEW VINYL FLOOR - MOVE FURNITURE BACK					
	09/30/16	900.	105. SL	15.00	60.	
27	HVAC UNIT - 7.5 TON PACKAGE UNIT #1 FOR 2ND FLOOR - INCLUDES THERMOS					
	01/03/19	13,075.	SL	15.00	436.	
28	HVAC UNIT - 7.5 TON PACKAGE - UNIT #2 FOR 1ST FLOOR					
	03/01/19	11,094.	SL	15.00	247.	
29	CONDENSING UNIT					
	01/03/19	3,673.	SL	15.00	122.	
30	FUSED GLASS PANEL WINDOWS AT 801					
	03/21/19	36,100.	SL	15.00	602.	
31	IRON FENCING					
	03/31/19	8,540.	SL	15.00	142.	
32	IMPRVM'TS 810 N. POINSETTIA					
	06/30/03	33,152.	12,755. SL	39.00	850.	
33	CLASSROOM PROJECT COST/FINISHED 1/1/04					
	01/01/04	45,565.	16,932. SL	39.00	1,168.	
34	SECURITY CAMERAS					
	09/21/04	1,124.	1,024. SL	15.00	75.	
35	AIR CONDITIONING					
	10/04/04	3,645.	3,335. SL	15.00	243.	
36	SOLAR PLOT PLAN					
	01/01/16	300.	58. SL	15.00	20.	
37	ROOF MOUNTED PV SOLAR DESIGN					
	01/01/16	1,000.	177. SL	15.00	67.	
38	PLANNING, PERMITS & FEES					
	01/01/16	1,451.	240. SL	15.00	97.	
39	ROOF SOLAR PROJECT					
	01/01/16	54,610.	525. SL	15.00	0.	
40	EPOXY FLOORS AT 810					
	11/01/15	3,878.	1,724. SL	15.00	259.	
41	NEW AC COMPRESSOR AND COIL REPLACEMENT					
	01/01/17	4,752.	468. SL	15.00	317.	
42	EXTERIOR BUILDING LIGHTING FOR 801					
	07/01/18	1,277.	SL	15.00	0.	
43	BAY ALARM EQUIPMENT INSTALL					
	06/15/19	1,226.	SL	15.00	7.	
44	FEZ IMPRVM'TS 810 N POINSETTIA					
	04/29/02	2,285.	2,285. SL	15.00	0.	
45	FEZ IMPRVM'TS 810 N POINSETTIA					
	06/30/03	56,691.	33,904. SL	39.00	1,454.	
46	I-K RENOVATION, 801 BDWY					
	06/30/97	29,500.	27,260. SL	5.00	0.	
47	SIDEWALK REPLACEMENT					
	01/31/07	9,630.	2,849. SL	39.00	247.	
48	PAD FOR PICNIC TABLES					
	03/01/08	5,000.	1,418. SL	39.00	128.	
49	SPACE PLANNING & BLDG DRAWINGS-ANAHEIM					
	04/01/16	5,300.	784. SL	15.00	353.	
50	CUP AND BUILDING PERMITS - ANAHEIM					
	04/01/16	5,572.	837. SL	15.00	371.	

51	MOBILIZATION & MATERIALS - ANAHEIM					
	04/01/16	7,000.	1,053.	SL	15.00	467.
52	TENANT IMPROVEMENTS - ANAHEIM					
	04/01/16	24,816.	3,726.	SL	15.00	1,654.
53	BLUEPRINTS - ANAHEIM					
	04/01/16	153.	27.	SL	15.00	10.
54	CITY PERMIT FEES - ANAHEIM					
	04/01/16	1,297.	190.	SL	15.00	86.
55	TENANT IMPROVEMENTS - ANAHEIM					
	04/01/16	20,000.	2,997.	SL	15.00	1,333.
56	TI ON NEW ANAHEIM LOCATION					
	04/01/16	30,000.	4,508.	SL	15.00	2,000.
57	TI ON NEW ANAHEIM LOCATION					
	04/01/16	35,000.	5,239.	SL	15.00	2,333.
58	SIGNAGE FOR ANAHEIM SITE					
	04/01/16	8,734.	1,322.	SL	15.00	582.
59	HARDWARE/ NETWORK CABLE RUN FOR 100 HARBOR BLVD					
	04/01/16	10,259.	1,539.	SL	15.00	684.
60	TI ON NEW ANAHEIM LOCATION					
	04/01/16	15,000.	2,242.	SL	15.00	1,000.
61	TI IMPROVEMENT REIMBURSEMENT					
	06/30/16	-85,000.	-11,328.	SL	15.00	-5,664.
62	TI ON NEW ANAHEIM LOCATION					
	06/30/16	28,528.	3,792.	SL	15.00	1,902.
63	TI ON NEW ANAHEIM LOCATION					
	06/30/16	1,940.	264.	SL	15.00	129.
64	REMOVAL AND INSTALLATION OF CEILING FAN AT 801					
	09/30/16	755.	84.	SL	15.00	50.
65	ABC CLASSROOM - BUILDING OUT NEW COUNTERTOP					
	10/31/16	1,700.	189.	SL	15.00	113.
66	INSTALLATION OF HVAC DAMPERS, THERMOSTATS 801					
	01/01/17	2,870.	288.	SL	15.00	191.
67	TECH COPIER MULTIFUNCTIONS					
	03/04/11	3,698.	3,698.	SL	5.00	0.
68	BROADWAY COPIER MULTIFUNCTION					
	06/09/11	1,523.	1,523.	SL	5.00	0.
69	5 STAFF DESKTOPS					
	01/18/12	3,513.	3,513.	SL	5.00	0.
70	5 STAFF DESKTOPS					
	06/08/12	3,296.	3,296.	SL	5.00	0.
71	NEW SERVERS - HARDWARE					
	03/01/13	26,256.	26,256.	SL	5.00	0.
72	NEW SERVERS - HARDWARE					
	03/01/13	21,785.	21,785.	SL	5.00	0.
73	NEW SERVERS - HARDWARE					
	03/01/13	5,241.	5,241.	SL	5.00	0.
74	SHORETEL SERVER UPGRADE - PROJECT CHANGE ORDER					
	04/01/13	327.	327.	SL	5.00	0.
75	NEW BW PHONE SERVER & DISKS					
	04/01/13	2,262.	2,262.	SL	5.00	0.
76	VOICEMAIL SERVER UPGRADE					
	04/01/13	2,399.	2,399.	SL	5.00	0.
77	RACK REBUILD					
	04/01/13	936.	936.	SL	5.00	0.

78	NEW SERVER - INSTALLATION					
	04/01/13	2,976.	2,976.	SL	5.00	0.
79	UPDATE SHORETEL SYSTEM TO V12.3					
	07/01/13	1,148.	1,148.	SL	5.00	0.
80	EXTRA SITE LICENSE					
	09/01/13	696.	673.	SL	5.00	23.
81	DESKTOPS & WIRELESS PROJECT					
	12/01/13	40,118.	36,107.	SL	5.00	3,343.
82	DESKTOPS & WIRELESS PROJECT					
	12/01/13	5,525.	4,973.	SL	5.00	460.
83	DESKTOPS & WIRELESS PROJECT					
	12/01/13	14,459.	13,013.	SL	5.00	1,205.
84	HP SAS 600 INTERNAL HARD DRIVE					
	08/01/14	1,102.	863.	SL	5.00	220.
85	NETWORK MOVE					
	12/01/14	3,584.	2,628.	SL	5.00	717.
86	ANAHEIM SERVER					
	04/01/16	9,448.	4,251.	SL	5.00	1,890.
87	ANAHEIM VOICEMAIL SERVER					
	04/01/16	451.	203.	SL	5.00	90.
88	ANAHEIM SERVER					
	04/01/16	2,802.	1,261.	SL	5.00	560.
89	25 LENOVO LAPTOPS FOR ANAHEIM					
	11/01/15	18,627.	9,935.	SL	5.00	3,725.
90	3 LENOVO THINKPAD YOGA LAPTOPS					
	12/01/15	2,490.	1,079.	SL	5.00	498.
91	VOICEMAIL SERVER - 1600 MOVED TO 801 2018					
	05/01/17	1,706.	398.	SL	5.00	341.
92	BATTERY BACKUP					
	07/01/17	875.	175.	SL	5.00	175.
93	NEW 801 SERVER (AFINITY INSTALLED ON 12/03/2018)					
	12/03/18	11,413.		SL	5.00	1,332.
94	NEW 801 HP 2620-48-POE LAYER 3 SWITCH					
	12/03/18	2,320.		SL	5.00	271.
95	LATERAL FILE					
	05/10/00	366.	366.	SL	5.00	0.
96	3 4-DRWR FILING CABINETS					
	08/21/00	547.	547.	SL	5.00	0.
97	DESK CHAIRS/ARMCHAIRS					
	09/06/00	509.	509.	SL	5.00	0.
98	SAFE					
	10/25/00	236.	236.	SL	5.00	0.
99	DESK/BOOKCASE					
	02/28/01	669.	669.	SL	5.00	0.
100	24 PORT SWITCH FOR PHONE SYSTEM					
	04/11/07	1,072.	1,072.	SL	5.00	0.
101	DEPOSIT ON PHONE SYSTEM					
	04/23/07	10,000.	10,000.	SL	5.00	0.
102	ROUTER UPGRADES, ETC FOR PHONES					
	05/11/07	2,677.	2,677.	SL	5.00	0.
103	LINE RESEARCH, CABLES FOR PHONE SYSTEM					
	05/18/07	1,161.	1,161.	SL	5.00	0.
104	BALANCE OF PHONE SYSTEM					
	06/07/07	12,872.	12,872.	SL	5.00	0.

105	EXTRA PHONE EXTENSION					
	07/12/07	536.	536.	SL	5.00	0.
106	UPGRADE ROUTERS FOR T-1					
	08/30/07	2,217.	2,217.	SL	5.00	0.
107	PHONE SYSTEM FOR 820 POINSETTIA					
	10/24/07	6,955.	6,955.	SL	5.00	0.
108	FURNITURE AT 820 BUILDING					
	10/31/07	3,000.	3,000.	SL	5.00	0.
109	FURNITURE AT 820 BUILDING					
	10/31/07	1,000.	1,000.	SL	5.00	0.
110	RESCUITATION DUMMY					
	03/02/10	4,090.	4,090.	SL	5.00	0.
111	STUDENT TABLES FOR CLASSROOM 2					
	04/06/10	4,868.	4,868.	SL	5.00	0.
112	NEW EXTENSIONS AND LICENSES					
	09/01/13	3,531.	3,417.	SL	5.00	114.
113	TRAINING TABLE FOR CONFERENCE ROOM					
	08/01/14	3,137.	2,451.	SL	5.00	627.
114	SMARTTV FOR 801 CONFERENCE ROOM - TO ANAHEIM 2018					
	03/01/15	2,800.	1,875.	SL	5.00	560.
115	DEPOSIT ON PHONE EQUIPMENT - ANAHEIM					
	04/01/16	4,519.	2,034.	SL	5.00	904.
116	801 RECEPTION AREA WORKSTATION					
	12/01/15	3,840.	1,984.	SL	5.00	768.
117	FURNITURE FOR 801 2ND FLOOR CAREER OFFICES					
	12/01/15	2,413.	1,247.	SL	5.00	483.
118	MEDICAL/CLASSROOM/OFFICE - FURN. & EQUIP					
	04/01/16	20,500.	9,225.	SL	5.00	4,100.
119	FIXTURE-DONOR WALL AT 801 N. HARBOR					
	04/30/16	25,592.	11,392.	SL	5.00	5,118.
120	BLINDS FOR 100 HARBOR					
	09/30/16	2,919.	1,022.	SL	5.00	584.
122	XEROX WORKCENTRE 5955 COPIER FOR ANAHEIM OFFICE					
	02/11/19	5,926.		SL	5.00	494.
123	CABINETS AND SUPPLIES FOR MCA					
	03/01/08	37,500.	37,500.	SL	10.00	0.
124	SIMPSON HARDWARE AND TOOLS					
	06/06/12	2,000.	2,000.	SL	5.00	0.
125	CHAIRS					
	08/01/14	2,500.	1,925.	SL	5.00	500.
126	TWO FREEZERS					
	08/01/14	2,000.	1,525.	SL	5.00	400.
127	CUBICLES AT 1600 - KEPT 2 CUBLICES AT 801					
	09/01/14	2,000.	1,499.	SL	5.00	400.
128	LOCKERS - WORD & BROWN					
	09/01/14	1,500.	1,125.	SL	5.00	300.
129	DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCHES - RESTRICTED TO CL					
	07/30/17	2,930.	588.	SL	5.00	586.
130	DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCHES - RESTRICTED TO CL					
	08/31/17	4,620.	924.	SL	5.00	924.
131	10 WOOD AND CLOTH CUBICLES					
	06/30/18	7,500.		SL	5.00	1,500.
132	SJW - SLIDING TABLE					
	06/13/00	703.	703.	SL	5.00	0.

133	SJW - VACUMN					
	06/30/00	149.	149.	SL	5.00	0.
134	TECH STORAGE UNIT					
	04/11/02	2,990.	2,990.	SL	5.00	0.
135	TECH SECURITY SYSTEM					
	03/12/03	6,626.	6,626.	SL	5.00	0.
136	CHAIRS & TABLES					
	02/09/04	5,309.	5,309.	SL	5.00	0.
137	CHAIRS & TABLES					
	03/03/04	706.	706.	SL	5.00	0.
138	CHAIRS & TABLES					
	03/03/04	5,478.	5,478.	SL	5.00	0.
139	GREEN JOBS SETUP					
	08/11/06	34,000.	34,000.	SL	5.00	0.
140	POINSETTIA OFFICE AREA WORKSTATION					
	12/01/15	4,681.	2,419.	SL	5.00	936.
141	QTY 4 COMPOUND MITER SAWS WITH STANDS					
	07/06/17	3,461.	692.	SL	5.00	692.
143	BLACKBAUD SFTWR					
	07/21/00	2,152.	2,152.	SL	5.00	0.
144	TSJ RAISERS EDGE SFTWR					
	08/28/02	1,598.	1,598.	SL	5.00	0.
145	QUICKBOOKS ENTERPRISE EDITION					
	12/19/07	2,775.	2,775.	SL	5.00	0.
146	IN DEMAND - OCA TESTING					
	07/02/08	1,141.	1,141.	SL	5.00	0.
147	IN DEMAND - OCA TESTING OFFICE 2007					
	03/23/10	1,725.	1,725.	SL	5.00	0.
148	COMMUNITY TECHKNOWLEDGE/ APRICOT					
	03/01/14	23,854.	20,673.	SL	5.00	3,181.
149	AFINETY - OFFICE 365					
	08/01/14	7,000.	5,483.	SL	5.00	1,400.
150	AFINETY - OFFICE 365					
	12/01/14	3,052.	2,238.	SL	5.00	610.
151	MEDISOFT					
	11/25/10	5,532.	5,532.	SL	5.00	0.
152	WELLS FARGO COPIER LEASE					
	06/30/18	70,547.	8,231.	SL	5.00	14,109.
153	GMC TRUCK - BOX TRUCK					
	07/31/99	18,421.	18,422.	SL	5.00	0.
154	2012 CHEVY TRAVERSE					
	09/26/12	30,845.	30,845.	SL	5.00	0.
155	2009 CHEVY EQUINOX					
	04/01/15	5,490.	5,490.	SL	3.00	0.
156	8DELL FLAT SCREEN MONITORS					
	10/16/06	2,080.	2,080.	SL	5.00	0.
157	NEW HARD DRIVES FOR SERVER					
	04/09/09	1,387.	1,387.	SL	5.00	0.
158	DESKTOP COMPUTER					
	05/12/09	693.	693.	SL	5.00	0.
159	BW NETWORK UPGRADE, DESKTOP					
	06/21/09	5,143.	5,143.	SL	5.00	0.
160	NETWORK UPGRADE					
	06/21/09	983.	983.	SL	5.00	0.

TALLER SAN JOSE HOPE BUILDERS						59-3816355
161	5 HP DESKTOPS					
	06/16/09	1,250.	1,250.	SL	5.00	0.
162	SERVER FOR NEW ADV OFFICE					
	12/20/11	8,724.	8,724.	SL	5.00	0.
163	LABOR TO INSTALL NEW SERVER					
	01/01/12	3,120.	3,120.	SL	5.00	0.
164	PHONES FOR NEW ADV OFFICE					
	12/20/11	3,791.	3,791.	SL	5.00	0.
165	BALANCE ON PHONES					
	01/30/12	3,791.	3,791.	SL	5.00	0.
166	WHITE BOARDS BW 2ND FLOOR					
	12/20/11	1,479.	1,479.	SL	5.00	0.
167	EQUIPMENT IN KIND					
	06/30/98	6,096.	6,096.	SL	5.00	0.
168	TECH DONATED TOOLS/SM EQUIPMENT					
	06/30/02	37,500.	37,500.	SL	5.00	0.
169	DONATED COMPUTERS					
	03/01/17	1,100.	324.	SL	5.00	18.
170	2012 CHEVY SILVERADO					
	09/01/12	23,930.	19,944.	SL	7.00	1,994.
171	2006 FORD F-150					
	04/01/11	10,000.	10,000.	SL	5.00	0.
172	2011 CHEVY SILVERADO					
	06/20/11	25,669.	25,669.	SL	7.00	0.
TOTAL TO FORM 3885		2,629,655.	1,399,649.		97,654.	

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Section 12586 and 12587, California Government Code  
11 Cal. Code Regs. section 301-307, 311 and 312

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

(For Registry Use Only)

**TALLER SAN JOSE HOPE BUILDERS**

Name of Organization

List all DBAs and names the organization uses or has used

**801 N. BROADWAY**

Address (Number and Street)

**SANTA ANA, CA 92701**

City or Town, State, and ZIP Code

**714-543-5105**

Telephone Number

E-mail Address

Check if:

- ☐ Change of address  
☐ Amended report

State Charity Registration Number **CT131974**

Corporation or Organization No. **2799610**

Federal Employer ID No. **59-3816355**

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

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019) list:

Gross Annual Revenue \$ 3,864,732 Noncash Contributions \$ 141,026 Total Assets \$ 5,187,715  
Program Expenses \$ 2,238,207 Total Expenses \$ 3,295,848

**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? <b>SEE STATEMENT 11</b>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes? <b>SEE STATEMENT 12</b>	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.**

**NANCY LOUGHREY**

**CFO**

Signature of Authorized Agent

Printed Name

Title

Date

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CA RRF-1	INFORMATION REGARDING GOVERNMENTAL FUNDING	STATEMENT	11
	PART B, LINE 5		

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CITY OF ANAHEIM  
COMMUNITY AND ECONOMIC DEVELOPMENT DEPT.  
290 S. ANAHEIM BLVD., STE 102  
ANAHEIM, CA 92805  
CHRIS HOANG, WORKFORCE DEVELOPMENT ANALYST  
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NORTH OC PUBLIC SAFETY TASK FORCE  
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DAVID FLORES  
COMMUNITY DEVELOPMENT ANALYST  
COMMUNITY DEVELOPMENT AGENCY  
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CA RRF-1	EXPLANATION OF CHARITABLE RAFFLES PART B, LINE 6	STATEMENT 12
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ONE RAFFLE WAS HELD IN SEPTEMBER 2018.