EXTENDED TO MAY 17, 2021

Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

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): 801 N. BROADWAY | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: SANTA ANA, CA 92701

F Name and address of principal officer: ZAJID COVA, SAME AS C ABOVE

D Employer identification number: **-***6355

E Telephone number: 714-543-5105

G Gross receipts $ 5,279,482.

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: HOPE BUILDERS EMPOWERS YOUNG ADULTS, WHO ARE DISCONNECTED FROM THE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	41
6	Total number of volunteers (estimate if necessary)	6	157
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,724,764.	4,953,753.
9	Program service revenue (Part VIII, line 2g)	150,686.	123,639.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,035.	75,972.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-22,753.	-14,545.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,864,732.	5,138,819.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	219,945.	206,742.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,113,545.	2,326,247.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 451,109.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	962,358.	1,019,457.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,295,848.	3,552,446.
19	Revenue less expenses. Subtract line 18 from line 12	568,884.	1,586,373.

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,187,715.	7,535,118.
21	Total liabilities (Part X, line 26)	532,236.	1,286,355.
22	Net assets or fund balances. Subtract line 21 from line 20	4,655,479.	6,248,763.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ ZAJID COVA, CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DIANA ZAMBRANO, CPA		05/14/21		P00965403

Firm's name ▶ RJI INTERNATIONAL CPAS | Firm's EIN ▶ **-***3262

Firm's address ▶ 18012 SKY PARK CIRCLE, SUITE 200, IRVINE, CA 92614 | Phone no. (949) 852-1600

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 $ 1,082,988. including grants of $ 206,742.) (Revenue $)
TRAINING IN CONSTRUCTION, HEALTHCARE, AND INFORMATION TECHNOLOGY: MODEL REAL-WORLD EXPERIENCES, PAY TRAINEES A WEEKLY $75 STIPEND AND REQUIRE THEM TO DEMONSTRATE THAT THEY ARE WORKFORCE READY 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 WORK READINESS TRAINING ARE EMBEDDED INTO THE CURRICULUM.

4b (Code:) (Expenses $ 771,341. including grants of $) (Revenue $)
EMPLOYMENT AND EDUCATION PATHWAYS: HOPE BUILDERS' 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 $ 681,799. 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 on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 2,536,128.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	195			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a: 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

ZAJID COVA - 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) ALEX CALABRESE DIRECTOR	1.00	X						0.	0.	0.
(2) CARLOS GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(3) ELVA RUBALCAVA DIRECTOR	1.00	X						0.	0.	0.
(4) GEORGE URCH DIRECTOR	1.00	X						0.	0.	0.
(5) JEFFREY RANDOLPH DIRECTOR	1.00	X						0.	0.	0.
(6) JON GOTHOLD DIRECTOR	1.00	X						0.	0.	0.
(7) JON STORBECK DIRECTOR	1.00	X						0.	0.	0.
(8) KATIE RODIN DIRECTOR	1.00	X						0.	0.	0.
(9) KATIE SKELTON CHAIR	1.00 40.00	X		X				0.	0.	0.
(10) LARRY STROFKO DIRECTOR	1.00	X						0.	0.	0.
(11) MIKE SMITH DIRECTOR	1.00	X						0.	0.	0.
(12) SHAWNA SMITH GOTREAU DIRECTOR	40.00 5.00	X		X				124,156.	0.	0.
(13) SR. EILEEN MCNERNEY DIRECTOR	1.00 20.00	X						0.	0.	0.
(14) TOM HONAN DIRECTOR	1.00	X						0.	0.	0.
(15) VINCE MCGUINNESS, JR. DIRECTOR	1.00	X						0.	0.	0.
(16) CHRISTA SHEEHAN DEPUTY DIRECTOR	40.00			X				129,923.	0.	0.
(17) NANCY LOUGHREY CFO	40.00 10.00			X				106,575.	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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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

	(D)	(E)	(F)
1b Subtotal ▶	360,654.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	360,654.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	564,482.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	263,763.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,125,508.				
	g	Noncash contributions included in lines 1a-1f	1g	$ 110,671.				
	h	**Total.** Add lines 1a-1f			4,953,753.			
Program Service Revenue			Business Code					
	2 a	FUNDED CURRICULUM	611600		123,639.	123,639.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f			123,639.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			12,849.	12,849.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6 a	Gross rents	6a	8,000. /				
	b	Less: rental expenses	6b	0. /				
	c	Rental income or (loss)	6c	8,000. /				
	d	Net rental income or (loss)			8,000.	8,000.		
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a	62,437. / 63,123.				
	b	Less: cost or other basis and sales expenses	7b	0. / 62,437.				
	c	Gain or (loss)	7c	62,437. / 686.				
	d	Net gain or (loss)			63,123.	686.		62,437.
	8 a	Gross income from fundraising events (not including $ 564,482. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b	Less: direct expenses	8b	78,226.				
	c	Net income or (loss) from fundraising events			-78,226.			-78,226.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a	55,681.				
	b	Less: direct expenses	9b	0.				
	c	Net income or (loss) from gaming activities			55,681.			55,681.
	10 a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d						
	12	**Total revenue.** See instructions			5,138,819.	145,174.	0.	39,892.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	206,742.	206,742.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	360,654.	251,944.	57,615.	51,095.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,965,593.	1,373,116.	314,005.	278,472.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	123,802.	67,487.	13,210.	43,105.
12 Advertising and promotion				
13 Office expenses				
14 Information technology	112,064.	87,491.	17,840.	6,733.
15 Royalties				
16 Occupancy	299,916.	262,835.	12,289.	24,792.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	85,902.	15,699.	65,314.	4,889.
20 Interest	11,842.			11,842.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,710.	85,984.	6,248.	4,478.
23 Insurance	65,629.	42,990.	7,499.	15,140.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES & RELA	126,897.	126,897.		
b SPECIAL EVENTS	59,728.		59,728.	
c PRINTING & OFFICE SUPPL	31,697.	11,857.	9,542.	10,298.
d MISCELLANEOUS	5,270.	3,086.	1,919.	265.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,552,446.	2,536,128.	565,209.	451,109.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			877,042.	1	1,684,842.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,481,282.	3	2,118,284.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			19,098.	8	12,242.
	9	Prepaid expenses and deferred charges			8,000.	9	7,500.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,452,375.			
	b	Less: accumulated depreciation	10b	1,396,340.	1,130,520.	10c	1,056,035.
	11	Investments - publicly traded securities			258,693.	11	1,333,887.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,413,080.	15	1,322,328.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			5,187,715.	16	7,535,118.
Liabilities	17	Accounts payable and accrued expenses			171,975.	17	297,526.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties			310,504.	23	542,000.
	24	Unsecured notes and loans payable to unrelated third parties			49,757.	24	35,602.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0.	25	411,227.
	26	**Total liabilities.** Add lines 17 through 25			532,236.	26	1,286,355.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			2,559,116.	27	3,516,315.
	28	Net assets with donor restrictions			2,096,363.	28	2,732,448.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			4,655,479.	32	6,248,763.
	33	Total liabilities and net assets/fund balances			5,187,715.	33	7,535,118.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,138,819.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,552,446.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,586,373.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,655,479.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	6,911.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,248,763.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization: TALLER SAN JOSE HOPE BUILDERS
Employer identification number: **-***6355

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

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

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

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ....

g Provide the following information about the supported organization(s).

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

13 **First 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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 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

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** 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 - 2018.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined 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* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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

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

Section B. Type I Supporting Organizations

			Yes	No
1	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* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described 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* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2019**	**(iii)** **Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization: TALLER SAN JOSE HOPE BUILDERS

Employer identification number: **-***6355

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	258,693.	215,207.	634,596.	748,436.	1,204,203.
b Contributions	1,000,000.	30,000.	173,992.	41,000.	
c Net investment earnings, gains, and losses	75,194.	13,486.	41,619.	95,160.	-10,682.
d Grants or scholarships					
e Other expenditures for facilities and programs			635,000.	250,000.	445,085.
f Administrative expenses					
g End of year balance	1,333,887.	258,693.	215,207.	634,596.	748,436.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ____ %

b Permanent endowment ▶ ____ %

c Term endowment ▶ ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)	X	
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,065,583.	416,710.	648,873.
c Leasehold improvements		806,498.	487,681.	318,817.
d Equipment		580,294.	491,949.	88,345.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,056,035.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) HOPE BUILDERS CONSTRUCTION COMPANY	1,297,871.
(2) PROPERTIES HELD FOR RESALE	8,000.
(3) PREPAID EXPENSES	457.
(4) DEPOSITS	16,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	1,322,328.

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) PREPAID RENT	2,000.
(3) PPP LOAN	409,227.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	411,227.

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

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

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

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

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

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

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

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 for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization: TALLER SAN JOSE HOPE BUILDERS
Employer identification number: **-***6355

Part I

			YES	NO
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?	1	X	
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?	2	X	
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	3		X

SEE PART II

			YES	NO
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

			YES	NO
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

			YES	NO
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	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	7	X	

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.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: TALLER SAN JOSE HOPE BUILDERS

Employer identification number: **-***6355

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

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

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

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

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

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

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

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 LIGHT UP A LIFE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	564,482.			564,482.
	2 Less: Contributions	564,482.			564,482.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	78,226.			78,226.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				78,226.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-78,226.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			55,681.	55,681.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				55,681.

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 [X] 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 [X] No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [X] 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 [X] 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.

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization: TALLER SAN JOSE HOPE BUILDERS

Employer identification number **-***6355

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 ▶

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	206	173,124.	0.	FACE VALUE	
CHILDCARE ASSISTANCE	53	19,575.	0.	FACE VALUE	
GIFT CARDS	279	9,632.	0.	FACE VALUE	
BUS PASSES	74	3,098.	0.	FACE VALUE	
SCHOLARSHIPS	3	1,313.	0.	FACE VALUE	

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: TALLER SAN JOSE HOPE BUILDERS

Employer identification number **-***6355

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: TALLER SAN JOSE HOPE BUILDERS

Employer identification number **-***6355

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 ▶ (PROFESSIONAL)	X	1	32,917.	FAIR MARKET VALUE
26	Other ▶ (AUCTION ITEMS)	X	1	27,085.	FAIR MARKET VALUE
27	Other ▶ (GIFT CARDS)	X	1	22,141.	FAIR MARKET VALUE
28	Other ▶ (VIDEO PRESENT)	X	1	15,000.	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

			Yes	No
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?	30a		X
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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) 2019**

932141 09-27-19

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 $ 8289.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

ACUTION ITEMS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 1420.

(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 $ 1358.

(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 $ 1308.

(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 $ 500.

(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 $ 100.

(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

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

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.

AUCTION ITEMS

(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

AUCTION ITEMS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 30.

(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 $ 25.

(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 $ 25.

(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 for the latest information.	OMB No. 1545-0047 **2019** Open to Public Inspection

Name of the organization	Employer identification number
TALLER SAN JOSE HOPE BUILDERS	**-***6355

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

WORKFORCE AND ALL 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:

Name of the organization: TALLER SAN JOSE HOPE BUILDERS

Employer identification number: **-***6355

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: **-***6355

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:

DEPRECIATION 6,911.

FORM 990, PART XII, LINE 2C:

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization: TALLER SAN JOSE HOPE BUILDERS

Employer identification number **-***6355

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383 480 BATAVIA ST. ORANGE, CA 92866	CONGREGATION OF CATHOLIC SISTERS	CALIFORNIA	501(C)(3)	LINE 1			X
PROVIDENCE ST. JOSEPH HEALTH - 95-3589356 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612	HEALTH SYSTEM	CALIFORNIA	501(C)(3)	LINE 3	SISTERS OF ST. JOSEPH OF ORANGE		X
HOPE BUILDERS CONSTRUCTION COMPANY - 71-1024210, 801 N. BROADWAY, SANTA ANA, CA 92701	CONSTRUCTION TRAINING	CALIFORNIA	501(C)(3)	LINE 12A, I	TALLER SAN JOSE HOPE BUILDERS		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2019**

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOPE BUILDERS CONSTRUCTION COMPANY	L	12,000.	ESTIMATE FMV
(2) HOPE BUILDERS CONSTRUCTION COMPANY	R	5,882.	CASH VALUE
(3) HOPE BUILDERS CONSTRUCTION COMPANY	S	100,000.	CASH VALUE
(4) SISTERS OF ST. JOSEPH OF ORANGE	P	4,555.	CASH VALUE
(5) SISTERS OF ST. JOSEPH OF ORANGE	C	2,203,000.	CASH VALUE
(6) PROVIDENCE ST. JOSEPH HEALTH	C	20,000.	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	PROVIDENCE ST. JOSEPH HEALTH	P	246,929.	CASH VALUE
(8)	PROVIDENCE ST. JOSEPH HEALTH	E	542,000.	LINE OF CREDIT
(9)	HOPE BUILDERS CONSTRUCTION COMPANY	Q	8,585.	CASH VALUE
(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.

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

Part VII Supplemental Information

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.	13,038.		1,349.	14,387.
3	BUILDING, 810 N. POINSETTIA	01/04/02	SL	39.00	MM	16	781,682.				781,682.	384,190.		20,043.	404,233.
	* 990 PAGE 10 TOTAL BUILDINGS						834,282.				834,282.	397,228.		21,392.	418,620.
	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.	4,790.		254.	5,044.
12	ELECTRICAL UPGRADE	09/22/04	SL	15.00		16	7,310.				7,310.	7,197.		113.	7,310.
13	EXTERIOR PAINT	09/20/04	SL	5.00		16	11,000.				11,000.	11,000.		0.	11,000.

(D) - Asset disposed

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

2019 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
14	MONUMENT SIGN	03/05/05	SL	15.00		16	4,435.				4,435.	4,248.		187.	4,435.
15	BALANCE OF ELECTRICAL WORK	12/15/04	SL	15.00		16	3,014.				3,014.	2,919.		95.	3,014.
16	TILE WORK ON OUTSIDE STEPS	01/30/07	SL	15.00		16	1,020.				1,020.	852.		68.	920.
17	PICNIC TABLES	03/14/08	SL	15.00		16	4,530.				4,530.	3,419.		302.	3,721.
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.	1,800.		300.	2,100.
20	CARPET FOR BROADWAY	07/01/13	SL	10.00		16	17,098.				17,098.	10,247.		1,710.	11,957.
21	BALANCE OF CARPET INSTALLATION	07/06/13	SL	10.00		16	3,568.				3,568.	2,147.		357.	2,504.
22	NEW A/C UNIT	11/01/14	SL	12.00		16	8,955.				8,955.	3,478.		746.	4,224.
23	NEW ROOF	09/01/16	SL	20.00		16	13,160.				13,160.	1,886.		658.	2,544.
24	NEW ROOF, MOBILIZATION, LOGISTICS, BID COLLECTION, M	09/30/16	SL	20.00		16	2,899.				2,899.	397.		145.	542.
25	VINYL FLOORING IN LARGE CLASSROOM AND 4 SMALLER ROOM	07/31/16	SL	15.00		16	6,769.				6,769.	1,249.		451.	1,700.
26	CHANGE ORDER TO NEW VINYL FLOOR - MOVE FURNITURE BACK	09/30/16	SL	15.00		16	900.				900.	165.		60.	225.
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.		872.	1,308.
28	HVAC UNIT - 7.5 TON PACKAGE - UNIT #2 FOR 1ST FLOOR	03/01/19	SL	15.00		16	11,094.				11,094.	247.		740.	987.
29	CONDENSING UNIT	01/03/19	SL	15.00		16	3,673.				3,673.	122.		245.	367.
30	FUSED GLASS PANEL WINDOWS AT 801	03/21/19	SL	15.00		16	36,100.				36,100.	602.		2,407.	3,009.
31	IRON FENCING	03/31/19	SL	15.00		16	8,540.				8,540.	142.		569.	711.

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(D) - Asset disposed

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

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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
32	IMPRVM'TS 810 N. POINSETTIA	06/30/03	SL	39.00	MM	16	33,152.				33,152.	13,605.		850.	14,455.
33	CLASSROOM PROJECT COST/FINISHED 1/1/04	01/01/04	SL	39.00	MM	16	45,565.				45,565.	18,100.		1,168.	19,268.
34	(D)SECURITY CAMERAS	09/21/04	SL	15.00		16	1,124.				1,124.	1,099.		6.	1,105.
35	AIR CONDITIONING	10/04/04	SL	15.00		16	3,645.				3,645.	3,578.		61.	3,639.
36	SOLAR PLOT PLAN	01/01/16	SL	15.00		16	300.				300.	78.		20.	98.
37	ROOF MOUNTED PV SOLAR DESIGN	01/01/16	SL	15.00		16	1,000.				1,000.	244.		67.	311.
38	PLANNING, PERMITS & FEES	01/01/16	SL	15.00		16	1,451.				1,451.	337.		97.	434.
39	ROOF SOLAR PROJECT	01/01/16	SL	15.00		16	54,610.				54,610.	525.		3,641.	4,166.
40	EPOXY FLOORS AT 810	11/01/15	SL	15.00		16	3,878.				3,878.	1,983.		259.	2,242.
41	NEW AC COMPRESSOR AND COIL REPLACEMENT	01/01/17	SL	15.00		16	4,752.				4,752.	785.		317.	1,102.
42	EXTERIOR BUILDING LIGHTING FOR 801	07/01/18	SL	15.00		16	1,277.				1,277.			85.	85.
43	BAY ALARM EQUIPMENT INSTALL	06/15/19	SL	15.00		16	1,226.				1,226.	7.		82.	89.
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.	35,358.		1,454.	36,812.
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.	3,096.		247.	3,343.
48	PAD FOR PICNIC TABLES	03/01/08	SL	39.00	MM	16	5,000.				5,000.	1,546.		128.	1,674.
49	SPACE PLANNING & BLDG DRAWINGS-ANAHEIM	04/01/16	SL	15.00		16	5,300.				5,300.	1,137.		353.	1,490.

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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
50	CUP AND BUILDING PERMITS - ANAHEIM	04/01/16	SL	15.00		16	5,572.				5,572.	1,208.		371.	1,579.
51	MOBILIZATION & MATERIALS - ANAHEIM	04/01/16	SL	15.00		16	7,000.				7,000.	1,520.		467.	1,987.
52	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	SL	15.00		16	24,816.				24,816.	5,380.		1,654.	7,034.
53	BLUEPRINTS - ANAHEIM	04/01/16	SL	15.00		16	153.				153.	37.		10.	47.
54	CITY PERMIT FEES - ANAHEIM	04/01/16	SL	15.00		16	1,297.				1,297.	276.		86.	362.
55	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	SL	15.00		16	20,000.				20,000.	4,330.		1,333.	5,663.
56	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	30,000.				30,000.	6,508.		2,000.	8,508.
57	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	35,000.				35,000.	7,572.		2,333.	9,905.
58	SIGNAGE FOR ANAHEIM SITE	04/01/16	SL	15.00		16	8,734.				8,734.	1,904.		582.	2,486.
59	HARDWARE/ NETWORK CABLE RUN FOR 100 HARBOR BLVD	04/01/16	SL	15.00		16	10,259.				10,259.	2,223.		684.	2,907.
60	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	15,000.				15,000.	3,242.		1,000.	4,242.
61	TI IMPROVEMENT REIMBURSEMENT	06/30/16	SL	15.00		16	-85,000.				-85,000.			0.	
62	TI ON NEW ANAHEIM LOCATION	06/30/16	SL	15.00		16	28,528.				28,528.	5,694.		1,902.	7,596.
63	TI ON NEW ANAHEIM LOCATION	06/30/16	SL	15.00		16	1,940.				1,940.	393.		129.	522.
64	REMOVAL AND INSTALLATION OF CEILING FAN AT 801	09/30/16	SL	15.00		16	755.				755.	134.		50.	184.
65	ABC CLASSROOM - BUILDING OUT NEW COUNTERTOP	10/31/16	SL	15.00		16	1,700.				1,700.	302.		113.	415.
66	INSTALLATION OF HVAC DAMPERS, THERMOSTATS 801	01/01/17	SL	15.00		16	2,870.				2,870.	479.		191.	670.
67	(D)TECH COPIER MULTIFUNCTIONS	03/04/11	SL	5.00		16	3,698.				3,698.	3,698.		0.	3,698.

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(D) - Asset disposed

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

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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	(D)BROADWAY COPIER MULTIFUNCTION	06/09/11	SL	5.00		16	1,523.				1,523.	1,523.		0.	1,523.
69	(D)5 STAFF DESKTOPS	01/18/12	SL	5.00		16	3,513.				3,513.	3,513.		0.	3,513.
70	(D)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.	696.		0.	696.
81	DESKTOPS & WIRELESS PROJECT	12/01/13	SL	5.00		16	40,118.				40,118.	39,450.		0.	39,450.
82	DESKTOPS & WIRELESS PROJECT	12/01/13	SL	5.00		16	5,525.				5,525.	5,433.		0.	5,433.
83	DESKTOPS & WIRELESS PROJECT	12/01/13	SL	5.00		16	14,459.				14,459.	14,218.		0.	14,218.
84	HP SAS 600 INTERNAL HARD DRIVE	08/01/14	SL	5.00		16	1,102.				1,102.	1,083.		19.	1,102.
85	NETWORK MOVE	12/01/14	SL	5.00		16	3,584.				3,584.	3,345.		239.	3,584.

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(D) - Asset disposed

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

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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
86	ANAHEIM SERVER	04/01/16	SL	5.00		16	9,448.				9,448.	6,141.		1,890.	8,031.
87	ANAHEIM VOICEMAIL SERVER	04/01/16	SL	5.00		16	451.				451.	293.		90.	383.
88	ANAHEIM SERVER	04/01/16	SL	5.00		16	2,802.				2,802.	1,821.		560.	2,381.
89	25 LENOVO LAPTOPS FOR ANAHEIM	11/01/15	SL	5.00		16	18,627.				18,627.	13,660.		3,725.	17,385.
90	3 LENOVO THINKPAD YOGA LAPTOPS	12/01/15	SL	5.00		16	2,490.				2,490.	1,577.		498.	2,075.
91	VOICEMAIL SERVER - 1600 MOVED TO 801 2018	05/01/17	SL	5.00		16	1,706.				1,706.	739.		341.	1,080.
92	BATTERY BACKUP	07/01/17	SL	5.00		16	875.				875.	350.		175.	525.
93	NEW 801 SERVER (AFINITY INSTALLED ON 12/03/2018)	12/03/18	SL	5.00		16	11,413.				11,413.	1,332.		2,283.	3,615.
94	NEW 801 HP 2620-48-POE LAYER 3 SWITCH	12/03/18	SL	5.00		16	2,320.				2,320.	271.		464.	735.
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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(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
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.	3,531.		0.	3,531.
113	TRAINING TABLE FOR CONFERENCE ROOM	08/01/14	SL	5.00		16	3,137.				3,137.	3,078.		52.	3,130.
114	SMARTTV FOR 801 CONFERENCE ROOM - TO ANAHEIM 2018	03/01/15	SL	5.00		16	2,800.				2,800.	2,435.		365.	2,800.
115	DEPOSIT ON PHONE EQUIPMENT - ANAHEIM	04/01/16	SL	5.00		16	4,519.				4,519.	2,938.		904.	3,842.
116	801 RECEPTION AREA WORKSTATION	12/01/15	SL	5.00		16	3,840.				3,840.	2,752.		768.	3,520.
117	FURNITURE FOR 801 2ND FLOOR CAREER OFFICES	12/01/15	SL	5.00		16	2,413.				2,413.	1,730.		483.	2,213.
118	MEDICAL/CLASSROOM/OFFICE - FURN. & EQUIP	04/01/16	SL	5.00		16	20,500.				20,500.	13,325.		4,100.	17,425.
119	FIXTURE-DONOR WALL AT 801 N. HARBOR	04/30/16	SL	5.00		16	25,592.				25,592.	16,510.		5,118.	21,628.
120	BLINDS FOR 100 HARBOR	09/30/16	SL	5.00		16	2,919.				2,919.	1,606.		584.	2,190.
122	XEROX WORKCENTRE 5955 COPIER FOR ANAHEIM OFFICE	02/11/19	SL	5.00		16	5,926.				5,926.	494.		1,185.	1,679.

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(D) - Asset disposed

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

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2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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.	2,425.		42.	2,467.
126	TWO FREEZERS	08/01/14	SL	5.00		16	2,000.				2,000.	1,925.		33.	1,958.
127	CUBICLES AT 1600 - KEPT 2 CUBLICES AT 801	09/01/14	SL	5.00		16	2,000.				2,000.	1,899.		67.	1,966.
128	LOCKERS - WORD & BROWN	09/01/14	SL	5.00		16	1,500.				1,500.	1,425.		50.	1,475.
129	(D)DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCH	07/30/17	SL	5.00		16	2,930.				2,930.	1,174.		586.	1,760.
130	(D)DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCH	08/31/17	SL	5.00		16	4,620.				4,620.	1,848.		385.	2,233.
131	10 WOOD AND CLOTH CUBICLES	06/30/18	SL	5.00		16	7,500.				7,500.	1,500.		1,500.	3,000.
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.	3,355.		936.	4,291.

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(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
141	QTY 4 COMPOUND MITER SAWS WITH STANDS	07/06/17	SL	5.00		16	3,461.				3,461.	1,384.		692.	2,076.
142	WHEELER REX: TREADING MACHINE SIDEKICK III	06/30/19	SL	5.00		16	1,709.				1,709.			342.	342.
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.	23,854.		0.	23,854.
149	AFINETY - OFFICE 365	08/01/14	SL	5.00		16	7,000.				7,000.	6,883.		117.	7,000.
150	AFINETY - OFFICE 365	12/01/14	SL	5.00		16	3,052.				3,052.	2,848.		204.	3,052.
151	(D)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.	22,340.		14,109.	36,449.
153	GMC TRUCK - BOX TRUCK	07/31/99	SL	5.00		16	18,421.				18,421.	18,422.		0.	18,422.
154	(D)2012 CHEVY TRAVERSE	09/26/12	SL	5.00		16	30,845.				30,845.	30,845.		0.	30,845.
155	(D)2009 CHEVY EQUINOX	04/01/15	SL	3.00		16	5,490.				5,490.	5,490.		0.	5,490.
156	CHROMEBOOK LAPTOPS	06/30/20	SL	5.00		16	15,952.				15,952.			0.	
157	EQUIPMENT	02/29/20	SL	5.00		16	2,328.				2,328.			155.	155.
158	DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCH	11/30/19	SL	5.00		16	2,039.				2,039.	985.		238.	1,223.

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(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

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
	* 990 PAGE 10 TOTAL OTHER						1,449,364.				1,449,364.	984,066.		75,318.	1,059,384.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,514,947.				2,514,947.	1,381,294.		96,710.	1,478,004.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,494,628.			0.	2,494,628.	1,380,309.			1,476,626.
	ACQUISITIONS						20,319.			0.	20,319.	985.			1,378.
	DISPOSITIONS/RETIRED						62,571.			0.	62,571.	58,018.			58,995.
	ENDING BALANCE						2,452,376.			0.	2,452,376.	1,323,276.			1,419,009.
	ENDING ACCUM DEPR LESS DISPOSITIONS											1,419,009.			
	ENDING BOOK VALUE											1,033,367.			

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(D) - Asset disposed

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

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Form **8868**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
TALLER SAN JOSE HOPE BUILDERS

Taxpayer identification number (TIN)
-*6355

Number, street, and room or suite no. If a P.O. box, see instructions.
801 N. BROADWAY

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SANTA ANA, CA 92701

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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

- The books are in the care of ▶ ZAJID COVA
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 .... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021 , 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, 2019 , and ending JUN 30, 2020 .

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

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

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

928941 12-04-19

TAXABLE YEAR **2019**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019 , and ending (mm/dd/yyyy) 06/30/2020 .

Corporation/Organization name	California corporation number
TALLER SAN JOSE HOPE BUILDERS	2799610
Additional information. See instructions.	FEIN **-***6355

Street address (suite or room)		PMB no.
801 N. BROADWAY		
City: SANTA ANA	State: CA	ZIP code: 92701
Foreign country name	Foreign province/state/county	Foreign postal code

A First Return ☐ Yes ☒ No

B Amended Return ● ☐ Yes ☒ No

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

D Final Information Return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ●

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

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

G Is this a group filing? See instructions ● ☐ Yes ☒ No

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

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

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

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

L 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 ● ☒

M Is the organization a Limited Liability Company? ● ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

P Is federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	●		1	325,729 00
	2	Gross dues and assessments from members and affiliates	●		2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	●		3	4,953,753 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 STMT 2	●		4	5,279,482 00
	5	Cost of goods sold	●	5 00		
	6	Cost or other basis, and sales expenses of assets sold	●	6 62,437 00		
	7	Total costs. Add line 5 and line 6			7	62,437 00
	8	Total gross income. Subtract line 7 from line 4	●		8	5,217,045 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	●		9	3,630,672 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●		10	1,586,373 00
Filing Fee	11	Total payments	●		11	00
	12	Use tax. See General Information K	●		12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●		13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●		14	00
	15	Filing fee $10 or $25. See General Information F			15	N/A 00
	16	Penalties and Interest. See General Information J			16	00
	17	**Balance due.** Add line 12, line 15, and line 16. Then subtract line 11 from the result	◉		17	00

Sign Here

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

Signature of officer ▶ | Title: CONTROLLER | Date | ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date: 05/14/21 | Check if self-employed ▶ ☐ | ● PTIN: P00965403

Firm's name (or yours, if self-employed) and address ▶ RJI INTERNATIONAL CPAS
18012 SKY PARK CIRCLE, SUITE 200
IRVINE, CA 92614

● Firm's FEIN: **-***3262

● Telephone: (949) 852-1600

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ 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.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	55,681 00
	2	Interest	2	210 00
	3	Dividends	3	12,639 00
	4	Gross rents	4	8,000 00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	6	125,560 00
	7	Other income SEE STATEMENT 4	7	123,639 00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	325,729 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	206,742 00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	11	360,654 00
	12	Other salaries and wages	12	1,965,593 00
	13	Interest	13	11,842 00
	14	Taxes	14	00
	15	Rents	15	299,916 00
	16	Depreciation and depletion (See instructions)	16	96,710 00
	17	Other Expenses and Disbursements SEE STATEMENT 6	17	689,215 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	3,630,672 00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		877,042		1,684,842
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		19,098		12,242
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 7		258,693		1,333,887
10 a Depreciable assets	2,494,629		2,452,375	
b Less accumulated depreciation	(1,364,109)	1,130,520	(1,396,340)	1,056,035
11 Land				
12 Other assets STMT 8		2,902,362		3,448,112
13 **Total assets**		5,187,715		7,535,118
Liabilities and net worth				
14 Accounts payable		171,975		297,526
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		310,504		542,000
18 Other liabilities STMT 9		49,757		446,829
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		4,655,479		6,248,763
22 **Total liabilities and net worth**		5,187,715		7,535,118

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	1,586,373	7 Income recorded on books this year not included in this return	
2 Federal income tax			
3 Excess of capital losses over capital gains		8 Deductions in this return not charged against book income this year	
4 Income not recorded on books this year			
5 Expenses recorded on books this year not deducted in this return		9 Total. Add line 7 and line 8	
		10 Net income per return.	
6 Total. Add line 1 through line 5	1,586,373	Subtract line 9 from line 6	1,586,373

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ALEX CALABRESE 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
CARLOS GONZALEZ 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 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.
JEFFREY RANDOLPH 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.
KATIE RODIN 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
KATIE SKELTON 801 N. BROADWAY SANTA ANA, CA 92701	CHAIR 1.00	0.
LARRY STROFKO 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
MIKE SMITH 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.
CHRISTA SHEEHAN 801 N. BROADWAY SANTA ANA, CA 92701	DEPUTY DIRECTOR 40.00	0.
NANCY LOUGHREY 801 N. BROADWAY SANTA ANA, CA 92701	CFO 40.00	0.
CHUCK WALKER 801 N. BROADWAY SANTA ANA, CA 92701	VICE CHAIR 1.00	0.
JOHN HEFFERNAN 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
KATHY KRAMER 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
KEN MILLER 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
MARCIA CHOO 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
KARYN MENDOZA 801 N. BROADWAY SANTA ANA, CA 92701	DIR. OF PROGRAM 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT 6

DESCRIPTION	AMOUNT
PROGRAM SUPPLIES & RELA	126,897.
SPECIAL EVENTS	59,728.
PRINTING & OFFICE SUPPL	31,697.
MISCELLANEOUS	5,270.
DIRECT EXPENSES OF FUNDRAISING EVENTS	78,226.
OTHER PROFESSIONAL FEES	123,802.
INFORMATION TECHNOLOGY	112,064.
CONFERENCES AND CONVENTIONS	85,902.
INSURANCE	65,629.
TOTAL TO FORM 199, PART II, LINE 17	689,215.

CA 199	OTHER INVESTMENTS	STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	258,693.	1,333,887.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	258,693.	1,333,887.

CA 199	OTHER ASSETS	STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,481,282.	2,118,284.
PREPAID EXPENSES AND DEFERRED CHARGES	8,000.	7,500.
HOPE BUILDERS CONSTRUCTION COMPANY	1,388,575.	1,297,871.
PROPERTIES HELD FOR RESALE	8,000.	8,000.
PREPAID EXPENSES	505.	457.
DEPOSITS	16,000.	16,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,902,362.	3,448,112.

CA 199 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID RENT	0.	2,000.
PPP LOAN	0.	409,227.
UNSECURED NOTES AND LOANS PAYABLE	49,757.	35,602.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	49,757.	446,829.

TAXABLE YEAR **2019**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199 FEIN **-***6355

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	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

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 **smaller** 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 2020. Add line 9 and line 10, less line 12	13	

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

(a) Description of 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	2,599,947.	1,380,309.				

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	96,710	

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) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	96,710
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	96,710
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.	13,038.	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.	384,190.	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.	4,790.	SL	39.00	254.	
12 ELECTRICAL UPGRADE	09/22/04	7,310.	7,197.	SL	15.00	113.	
13 EXTERIOR PAINT	09/20/04	11,000.	11,000.	SL	5.00	0.	
14 MONUMENT SIGN	03/05/05	4,435.	4,248.	SL	15.00	187.	
15 BALANCE OF ELECTRICAL WORK	12/15/04	3,014.	2,919.	SL	15.00	95.	
16 TILE WORK ON OUTSIDE STEPS	01/30/07	1,020.	852.	SL	15.00	68.	
17 PICNIC TABLES	03/14/08	4,530.	3,419.	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.	1,800.	SL	10.00	300.	
20 CARPET FOR BROADWAY	07/01/13	17,098.	10,247.	SL	10.00	1,710.	
21 BALANCE OF CARPET INSTALLATION	07/06/13	3,568.	2,147.	SL	10.00	357.	
22 NEW A/C UNIT	11/01/14	8,955.	3,478.	SL	12.00	746.	
23 NEW ROOF	09/01/16	13,160.	1,886.	SL	20.00	658.	

24 NEW ROOF, MOBILIZATION, LOGISTICS, BID COLLECTION, MEETINGS						
	09/30/16	2,899.	397.	SL	20.00	145.
25 VINYL FLOORING IN LARGE CLASSROOM AND 4 SMALLER ROOMS						
	07/31/16	6,769.	1,249.	SL	15.00	451.
26 CHANGE ORDER TO NEW VINYL FLOOR - MOVE FURNITURE BACK						
	09/30/16	900.	165.	SL	15.00	60.
27 HVAC UNIT - 7.5 TON PACKAGE UNIT #1 FOR 2ND FLOOR - INCLUDES THERMOS						
	01/03/19	13,075.	436.	SL	15.00	872.
28 HVAC UNIT - 7.5 TON PACKAGE - UNIT #2 FOR 1ST FLOOR						
	03/01/19	11,094.	247.	SL	15.00	740.
29 CONDENSING UNIT						
	01/03/19	3,673.	122.	SL	15.00	245.
30 FUSED GLASS PANEL WINDOWS AT 801						
	03/21/19	36,100.	602.	SL	15.00	2,407.
31 IRON FENCING						
	03/31/19	8,540.	142.	SL	15.00	569.
32 IMPRVM'TS 810 N. POINSETTIA						
	06/30/03	33,152.	13,605.	SL	39.00	850.
33 CLASSROOM PROJECT COST/FINISHED 1/1/04						
	01/01/04	45,565.	18,100.	SL	39.00	1,168.
34 SECURITY CAMERAS						
	09/21/04	1,124.	1,099.	SL	15.00	6.
35 AIR CONDITIONING						
	10/04/04	3,645.	3,578.	SL	15.00	61.
36 SOLAR PLOT PLAN						
	01/01/16	300.	78.	SL	15.00	20.
37 ROOF MOUNTED PV SOLAR DESIGN						
	01/01/16	1,000.	244.	SL	15.00	67.
38 PLANNING, PERMITS & FEES						
	01/01/16	1,451.	337.	SL	15.00	97.
39 ROOF SOLAR PROJECT						
	01/01/16	54,610.	525.	SL	15.00	3,641.
40 EPOXY FLOORS AT 810						
	11/01/15	3,878.	1,983.	SL	15.00	259.
41 NEW AC COMPRESSOR AND COIL REPLACEMENT						
	01/01/17	4,752.	785.	SL	15.00	317.
42 EXTERIOR BUILDING LIGHTING FOR 801						
	07/01/18	1,277.		SL	15.00	85.
43 BAY ALARM EQUIPMENT INSTALL						
	06/15/19	1,226.	7.	SL	15.00	82.
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.	35,358.	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.	3,096.	SL	39.00	247.
48 PAD FOR PICNIC TABLES						
	03/01/08	5,000.	1,546.	SL	39.00	128.
49 SPACE PLANNING & BLDG DRAWINGS-ANAHEIM						
	04/01/16	5,300.	1,137.	SL	15.00	353.
50 CUP AND BUILDING PERMITS - ANAHEIM						
	04/01/16	5,572.	1,208.	SL	15.00	371.

51	MOBILIZATION & MATERIALS - ANAHEIM	04/01/16	7,000.	1,520.	SL	15.00	467.
52	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	24,816.	5,380.	SL	15.00	1,654.
53	BLUEPRINTS - ANAHEIM	04/01/16	153.	37.	SL	15.00	10.
54	CITY PERMIT FEES - ANAHEIM	04/01/16	1,297.	276.	SL	15.00	86.
55	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	20,000.	4,330.	SL	15.00	1,333.
56	TI ON NEW ANAHEIM LOCATION	04/01/16	30,000.	6,508.	SL	15.00	2,000.
57	TI ON NEW ANAHEIM LOCATION	04/01/16	35,000.	7,572.	SL	15.00	2,333.
58	SIGNAGE FOR ANAHEIM SITE	04/01/16	8,734.	1,904.	SL	15.00	582.
59	HARDWARE/ NETWORK CABLE RUN FOR 100 HARBOR BLVD	04/01/16	10,259.	2,223.	SL	15.00	684.
60	TI ON NEW ANAHEIM LOCATION	04/01/16	15,000.	3,242.	SL	15.00	1,000.
61	TI IMPROVEMENT REIMBURSEMENT	06/30/16	0.		SL	15.00	0.
62	TI ON NEW ANAHEIM LOCATION	06/30/16	28,528.	5,694.	SL	15.00	1,902.
63	TI ON NEW ANAHEIM LOCATION	06/30/16	1,940.	393.	SL	15.00	129.
64	REMOVAL AND INSTALLATION OF CEILING FAN AT 801	09/30/16	755.	134.	SL	15.00	50.
65	ABC CLASSROOM - BUILDING OUT NEW COUNTERTOP	10/31/16	1,700.	302.	SL	15.00	113.
66	INSTALLATION OF HVAC DAMPERS, THERMOSTATS 801	01/01/17	2,870.	479.	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.	696.	SL	5.00	0.
81	DESKTOPS & WIRELESS PROJECT					
	12/01/13	40,118.	39,450.	SL	5.00	0.
82	DESKTOPS & WIRELESS PROJECT					
	12/01/13	5,525.	5,433.	SL	5.00	0.
83	DESKTOPS & WIRELESS PROJECT					
	12/01/13	14,459.	14,218.	SL	5.00	0.
84	HP SAS 600 INTERNAL HARD DRIVE					
	08/01/14	1,102.	1,083.	SL	5.00	19.
85	NETWORK MOVE					
	12/01/14	3,584.	3,345.	SL	5.00	239.
86	ANAHEIM SERVER					
	04/01/16	9,448.	6,141.	SL	5.00	1,890.
87	ANAHEIM VOICEMAIL SERVER					
	04/01/16	451.	293.	SL	5.00	90.
88	ANAHEIM SERVER					
	04/01/16	2,802.	1,821.	SL	5.00	560.
89	25 LENOVO LAPTOPS FOR ANAHEIM					
	11/01/15	18,627.	13,660.	SL	5.00	3,725.
90	3 LENOVO THINKPAD YOGA LAPTOPS					
	12/01/15	2,490.	1,577.	SL	5.00	498.
91	VOICEMAIL SERVER - 1600 MOVED TO 801 2018					
	05/01/17	1,706.	739.	SL	5.00	341.
92	BATTERY BACKUP					
	07/01/17	875.	350.	SL	5.00	175.
93	NEW 801 SERVER (AFINITY INSTALLED ON 12/03/2018)					
	12/03/18	11,413.	1,332.	SL	5.00	2,283.
94	NEW 801 HP 2620-48-POE LAYER 3 SWITCH					
	12/03/18	2,320.	271.	SL	5.00	464.
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.	3,531.	SL	5.00	0.
113 TRAINING TABLE FOR CONFERENCE ROOM						
	08/01/14	3,137.	3,078.	SL	5.00	52.
114 SMARTTV FOR 801 CONFERENCE ROOM - TO ANAHEIM 2018						
	03/01/15	2,800.	2,435.	SL	5.00	365.
115 DEPOSIT ON PHONE EQUIPMENT - ANAHEIM						
	04/01/16	4,519.	2,938.	SL	5.00	904.
116 801 RECEPTION AREA WORKSTATION						
	12/01/15	3,840.	2,752.	SL	5.00	768.
117 FURNITURE FOR 801 2ND FLOOR CAREER OFFICES						
	12/01/15	2,413.	1,730.	SL	5.00	483.
118 MEDICAL/CLASSROOM/OFFICE - FURN. & EQUIP						
	04/01/16	20,500.	13,325.	SL	5.00	4,100.
119 FIXTURE-DONOR WALL AT 801 N. HARBOR						
	04/30/16	25,592.	16,510.	SL	5.00	5,118.
120 BLINDS FOR 100 HARBOR						
	09/30/16	2,919.	1,606.	SL	5.00	584.
122 XEROX WORKCENTRE 5955 COPIER FOR ANAHEIM OFFICE						
	02/11/19	5,926.	494.	SL	5.00	1,185.
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.	2,425.	SL	5.00	42.
126 TWO FREEZERS						
	08/01/14	2,000.	1,925.	SL	5.00	33.
127 CUBICLES AT 1600 - KEPT 2 CUBLICES AT 801						
	09/01/14	2,000.	1,899.	SL	5.00	67.
128 LOCKERS - WORD & BROWN						
	09/01/14	1,500.	1,425.	SL	5.00	50.
129 DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCHES - RESTRICTED TO CL						
	07/30/17	2,930.	1,174.	SL	5.00	586.
130 DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCHES - RESTRICTED TO CL						
	08/31/17	4,620.	1,848.	SL	5.00	385.
131 10 WOOD AND CLOTH CUBICLES						
	06/30/18	7,500.	1,500.	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.	3,355.	SL	5.00	936.	
141 QTY 4 COMPOUND MITER SAWS WITH STANDS							
	07/06/17	3,461.	1,384.	SL	5.00	692.	
142 WHEELER REX: TREADING MACHINE SIDEKICK III							
	06/30/19	1,709.		SL	5.00	342.	
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.	23,854.	SL	5.00	0.	
149 AFINETY - OFFICE 365							
	08/01/14	7,000.	6,883.	SL	5.00	117.	
150 AFINETY - OFFICE 365							
	12/01/14	3,052.	2,848.	SL	5.00	204.	
151 MEDISOFT							
	11/25/10	5,532.	5,532.	SL	5.00	0.	
152 WELLS FARGO COPIER LEASE							
	06/30/18	70,547.	22,340.	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 CHROMEBOOK LAPTOPS							
	06/30/20	15,952.		SL	5.00	0.	
157 EQUIPMENT							
	02/29/20	2,328.		SL	5.00	155.	
158 DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCHES - RESTRICTED TO CL							
	11/30/19	2,039.		SL	5.00	238.	
TOTAL TO FORM 3885		2,599,947.	1,380,309.			96,710.	

022

Date Accepted ______________________

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2019**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
TALLER SAN JOSE HOPE BUILDERS	**-***6355

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	5,279,482
2	Total gross income (Form 199, line 8)	2	5,217,045
3	Total expenses and disbursements (Form 199, line 9)	3	3,630,672

Part II Settle Your Account Electronically for Taxable Year 2019

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

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

5 Routing number

6 Account number **7** Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here Signature of officer ______ Date ______ Title CONTROLLER

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's-signature	Date	Check if also paid preparer [X]	Check if self-employed ☐	ERO's PTIN P00965403
Firm's name (or yours if self-employed) and address	RJI INTERNATIONAL CPAS			Firm's FEIN **-***3262
	18012 SKY PARK CIRCLE, SUITE 200 IRVINE, CA			ZIP code 92614

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

Paid Preparer Must Sign

Paid preparer's signature	Date	Check if self-employed ☐	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address			Firm's FEIN
			ZIP code

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-6400

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

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 CT 131974

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 07/01/2019 **ending** 06/30/2020 **) list:**

Gross Annual Revenue $ 5,138,819 **Noncash Contributions** $ 110,671 **Total Assets** $ 7,535,118

Program Expenses $ 2,536,128 **Total Expenses** $ 3,552,446

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

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

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 11	X	
6.	During this reporting period, did the organization hold a raffle for charitable purposes? SEE STATEMENT 12	X	
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

Signature of Authorized Agent	Printed Name	Title	Date
	ZAJID COVA	CONTROLLER	

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

CITY OF ANAHEIM - WORKFORCE INNOVATION OPPORTUNITY ACT - YOUTH PROGRAM
FISCAL YEAR 2018-20 (JULY 2018 TO JUNE 2020)
CONTRACT #2018-WIOA-120A
CHRIS HOANG
WD ANALYST
714-765-4343
CTHOANG@ANAHEIM.NET

CITY OF ANAHEIM - WORKFORCE INNOVATION OPPORTUNITY ACT - YOUTH PROGRAM
FISCAL YEAR 2019-21 (JULY 2019 TO JUNE 2021)
CONTRACT #2019-WIOA-120A
CHRIS HOANG
WD ANALYST
714-765-4343
CTHOANG@ANAHEIM.NET

CITY OF SANTA ANA
COMMUNITY DEVELOPMENT AGENCY
CONTRACT# CDBG-A-2019-094-26B
DAVID FLORES
COMMUNITY DEVELOPMENT ANALYST
714-647-6561
DFLORES@SANTA-ANA.ORG

NORTH OC PUBLIC SAFETY TASK FORCE
SOO ELISABETH KANG, M.A.
ASSISTANT TO THE CITY MANAGER
714.890.4274OFFICE
SKANG@CI.STANTON.CA.US

CA RRF-1 | EXPLANATION OF CHARITABLE RAFFLES PART B, LINE 6 | STATEMENT 12

ONE RAFFLE WAS HELD IN SEPTEMBER 2019.