

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TALLER SAN JOSE HOPE BUILDERS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>801 N. BROADWAY</b> City or town, state or province, country, and ZIP or foreign postal code <b>SANTA ANA, CA 92701</b>	<b>D</b> Employer identification number <b>59-3816355</b>  <b>E</b> Telephone number <b>714-543-5105</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>4,004,778.</b>
<b>J</b> Website: ▶ <b>WWW.TSJHOPEBUILDERS.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2005</b> <b>M</b> State of legal domicile: <b>CA</b>
<b>F</b> Name and address of principal officer: <b>ZAJID COVA</b> <b>SAME AS C ABOVE</b>		
<b>H(c)</b> Group exemption number ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HOPE BUILDERS EMPOWERS DISADVANTAGED YOUNG ADULTS WITH THE MENTORSHIP, JOB SKILLS AND LIFE</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>16</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>15</b> <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>44</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>122</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">3,454,589.</td> <td style="text-align: right;">3,815,228.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">88,907.</td> <td style="text-align: right;">179,321.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">477,672.</td> <td style="text-align: right;">-344,780.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">8,514.</td> <td style="text-align: right;">7,000.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">4,029,682.</td> <td style="text-align: right;">3,656,769.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	3,454,589.	3,815,228.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	88,907.	179,321.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	477,672.	-344,780.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	8,514.	7,000.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	4,029,682.	3,656,769.							
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ZAJID COVA, DIRECTOR OF FINANCE</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DIANA ZAMBRANO, CPA</b>	Preparer's signature <i>Diana Zambrano</i>	Date <b>05/09/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00965403</b>
	Firm's name ▶ <b>RJI INTERNATIONAL CPAS</b> Firm's address ▶ <b>18012 SKY PARK CIRCLE, SUITE 200 IRVINE, CA 92614</b>	Firm's EIN ▶ <b>33-0953262</b>	Phone no. (949) <b>852-1600</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HOPE BUILDERS EMPOWERS DISADVANTAGED YOUNG ADULTS WITH THE MENTORSHIP, JOB SKILLS AND LIFE SKILLS TRAINING THAT MEETS THE NEEDS OF EMPLOYERS.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 441,886. including grants of \$ 0.) (Revenue \$ 0.) APPLICANT: THE APPLICANT STAGE INCLUDES ALL THOSE WHO SUBMITTED AN APPLICATION TO HOPE BUILDERS. APPLICANTS NEED TO BE BETWEEN THE AGES OF 18-28, WITH RIGHT-TO-WORK DOCUMENTS. HOPE BUILDERS CASTS A WIDE NET TO RECRUIT AS MANY APPLICANTS AS POSSIBLE. WE CAREFULLY VET AND SCREEN EACH APPLICANT TO IDENTIFY THOSE WHO ARE MOTIVATED, MOST LIKELY TO COMPLETE THE PROGRAM, AND EXCITED TO START BUILDING THEIR CAREER. APPLICANTS, WHO COMPLETE ALL STEPS OF THE PROCESS, ARE INVITED TO ORIENTATION. AN APPLICANT WHO COMPLETES THIS STAGE MUST AGREE TO THE TRAINEE PLEDGE AND RENEW THEIR COMMITMENT TO ENROLL IN A TRAINING PROGRAM. EACH YEAR HOPE BUILDERS ENROLLS MORE THAN 200 LOW INCOME YOUNG ADULTS WHO FACE BARRIERS TO ADVANCING THEIR EMPLOYMENT AND ECONOMIC MOBILITY.

4b (Code: ) (Expenses \$ 1,496,625. including grants of \$ 233,209.) (Revenue \$ 0.) TRAINEE: THE TRAINEE STAGE INCLUDES THOSE WHO SUCCESSFULLY COMPLETE THE APPLICATION PROCESS AND ENROLL INTO ONE OF THREE JOB TRAINING ACADEMIES (CONSTRUCTION, BEHAVIORAL TECHNICIAN, OR HEALTHCARE). THE GOAL OF THIS STAGE IS TO GET YOUNG ADULTS WORKFORCE READY. THE TRAINING SIMULATES THE WORKPLACE AND REINFORCES EMPLOYER EXPECTATIONS. HOPE BUILDERS BELIEVES THAT SKILLS TRAINING MUST ALSO INCLUDE COACHING AND MENTORING TO ADDRESS THE UNDERLYING BARRIERS TO SUCCESSFUL EMPLOYMENT. EACH TRAINING PATHWAY INCLUDES LIFE SKILLS TRAINING, CASE MANAGEMENT, BASIC SKILL ENRICHMENT, EMPLOYMENT READINESS, AND TECHNICAL SKILLS. TRAINEES RECEIVE A WEEKLY STIPEND AND HAVE ACCESS TO TRANSPORTATION AND CHILDCARE VOUCHERS, AS NEEDED. WORKFORCE READINESS IS ASSESSED WEEKLY. THOSE WHO HAVE NOT YET MET REQUIRED LEVEL OR WHO

4c (Code: ) (Expenses \$ 743,541. including grants of \$ 1,780.) (Revenue \$ 0.) CAREER BUILDER: THE CAREER BUILDER STAGE INCLUDES THE PROGRAM PARTICIPANTS, WHO HAVE COMPLETED THEIR TRAINING, ARE WORKFORCE READY, AND ARE NOW TAKING STEPS TO ENTER THE WORKFORCE. THOSE WHO MEET WORKFORCE READINESS REQUIREMENTS WORK WITH EMPLOYMENT SERVICES TO TAKE THE STEPS NEEDED TO SECURE A JOB WITHIN A CAREER PATHWAY. THROUGH ITS SOCIAL ENTERPRISE, HOPE BUILDERS CAREER CONNECTIONS (HBCC), HOPE BUILDERS RECRUITS EMPLOYERS WHO CAN OFFER A PATHWAY TO A LIVING WAGE. ALSO, HOPE BUILDERS SUPPORTS THESE EMPLOYERS AS THEY BUILD THEIR WORKFORCE. THESE SERVICES GENERATE 20% OF THE ORGANIZATION'S REVENUE TO SUPPORT ITS NONPROFIT SERVICES. HOPE BUILDERS PLACES 90% OF ITS GRADUATES INTO CAREER-PATHWAY EMPLOYMENT. ONCE EMPLOYED, YOUNG ADULTS ENTER THE HOPE BUILDER STAGE, JOINING A COMMUNITY OF OTHER SUCCESSFUL

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

4e Total program service expenses 2,682,052.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 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		X
<b>27</b> 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		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTA SHEEHAN DEPUTY DIRECTOR	40.00	X		X				148,692.	0.	0.
(2) SHAWNA SMITH GOTREAU DIRECTOR	40.00 5.00	X		X				140,299.	0.	0.
(3) ALEX CALABRESE DIRECTOR	1.00	X						0.	0.	0.
(4) CARLOS GONZALEZ 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 SKELTON DIRECTOR	2.00	X						0.	0.	0.
(9) MIKE SMITH DIRECTOR	1.00	X						0.	0.	0.
(10) SR. EILEEN MCNERNEY DIRECTOR	1.00	X						0.	0.	0.
(11) TIM BLETT CHAIR	1.00	X		X				0.	0.	0.
(12) VINCE MCGUINNESS, JR. DIRECTOR	1.00	X						0.	0.	0.
(13) LISA WEAVER DIRECTOR	1.00	X						0.	0.	0.
(14) MARIA ELENA PERALES DIRECTOR	1.00	X						0.	0.	0.
(15) MIKE CAWLINA DIRECTOR	1.00	X						0.	0.	0.
(16) TARA COWELL DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							288,991.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							288,991.	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 **2**

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

**Section B. Independent Contractors**

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

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

**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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	855,505.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,008,811.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,950,912.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,452.				
	<b>h Total.</b> Add lines 1a-1f .....			3,815,228.			
	<b>Program Service Revenue</b>	<b>2 a</b> INCOME FROM SUBSIDIARY	<b>Business Code</b>	611600	160,964.	160,964.	
<b>b</b> FUNDED CURRICULUM			611600	18,357.	18,357.		
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				179,321.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,229.	3,229.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	7,000.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		7,000.			
	<b>d</b> Net rental income or (loss) .....			7,000.	7,000.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		348,009.			
<b>c</b> Gain or (loss) .....	<b>7c</b>		-348,009.				
<b>d</b> Net gain or (loss) .....			-348,009.		-348,009.		
<b>8 a</b> Gross income from fundraising events (not including \$ 855,505. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
			0.				
<b>b</b> Less: direct expenses .....	<b>8b</b>		0.				
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			3,656,769.	189,550.	0.	-348,009.	

**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	234,989.	234,989.		
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	552,849.	401,243.	73,530.	78,076.
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	1,899,930.	1,378,918.	252,694.	268,318.
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.)	79,956.	6,115.	72,875.	966.
12 Advertising and promotion	128,943.	52,731.	4,924.	71,288.
13 Office expenses				
14 Information technology	127,302.	104,159.	4,225.	18,918.
15 Royalties				
16 Occupancy	275,062.	235,828.	14,777.	24,457.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	375.	284.	29.	62.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,089.	86,810.	2,018.	4,261.
23 Insurance	62,272.	29,404.	29,566.	3,302.
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	133,980.	133,728.	252.	
b SPECIAL EVENTS	85,425.			85,425.
c PRINTING & OFFICE SUPPL	25,607.	13,374.	10,204.	2,029.
d OTHER EXPENSES	12,898.	4,469.	745.	7,684.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,712,677.	2,682,052.	465,839.	564,786.
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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,920,689.	<b>1</b>	1,541,870.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	649,475.	<b>3</b>	390,846.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	1,000.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	10,457.	<b>8</b>	8,042.
	<b>9</b> Prepaid expenses and deferred charges .....	7,500.	<b>9</b>	6,500.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,566,938.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,570,786.		
	<b>11</b> Investments - publicly traded securities .....	1,056,645.	<b>10c</b>	996,152.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,811,516.	<b>11</b>	2,465,526.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,343,528.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,799,810.	<b>15</b>	1,501,031.	
		<b>16</b>	6,910,967.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	312,986.	<b>17</b>	258,218.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	21,126.	<b>24</b>	5,984.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	780,414.	<b>25</b>	10,870.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,114,526.	<b>26</b>	275,072.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,387,667.	<b>27</b>	5,678,179.
	<b>28</b> Net assets with donor restrictions .....	1,297,617.	<b>28</b>	957,716.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	6,685,284.	<b>32</b>	6,635,895.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	7,799,810.	<b>33</b>	6,910,967.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,656,769.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,712,677.
3	Revenue less expenses. Subtract line 2 from line 1	3	-55,908.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,685,284.
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	6,519.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,635,895.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	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?		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		

Form 990 (2021)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

59-3816355

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

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

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

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

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; b 33 1/3% support test - 2020; 17a 10% -facts-and-circumstances test - 2021; b 10% -facts-and-circumstances test - 2020; 18 Private foundation.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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.)

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included 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? .....

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)? .....

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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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	2,811,516.	1,333,887.	258,693.	215,207.	634,596.
b Contributions		1,000,000.	1,000,000.	30,000.	173,992.
c Net investment earnings, gains, and losses	-345,990.	477,629.	75,194.	13,486.	41,619.
d Grants or scholarships					
e Other expenditures for facilities and programs					635,000.
f Administrative expenses					
g End of year balance	2,465,526.	2,811,516.	1,333,887.	258,693.	215,207.

- 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  | X   |    |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,065,583.	457,580.	608,003.
c Leasehold improvements		832,575.	539,648.	292,927.
d Equipment		668,780.	573,558.	95,222.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				996,152.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) HOPE BUILDERS CAREER CONNECTIONS	1,443,356.
(2) PROPERTIES HELD FOR RESALE	8,000.
(3) PREPAID EXPENSES	36,175.
(4) DEPOSITS	13,500.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,501,031.

**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	10,870.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,870.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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)**

Department of the Treasury  
Internal Revenue Service

**Schools**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

**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? .....	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? .....	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 .....		X
<b>SEE PART II</b>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
b Has the organization's right to such aid ever been revoked or suspended? .....		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 .....	X	

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

Schedule E (Form 990) 2021

**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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

59-3816355

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... b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LIGHT UP A LIFE (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	855,505.		855,505.
	2	Less: Contributions	855,505.		855,505.
	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			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

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

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

<b>a</b> The organization's facility	<b>13a</b>		%
<b>b</b> An outside facility	<b>13b</b>		%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

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

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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	190	196,870.	0.	FACE VALUE	
SCHOLARSHIPS	17	8,950.	0.	FACE VALUE	
CHILDCARE VOUCHERS	165	28,809.	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.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

59-3816355

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

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

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

59-3816355

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

SKILLS TRAINING THAT MEETS THE NEEDS OF EMPLOYERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPERIENCE A SET BACK IN READINESS ARE PROVIDED SUPPLEMENTAL SERVICES TO ADDRESS BARRIERS. HOPE BUILDERS EXPECTS THAT AT LEAST 78% OF THOSE WHO ENROLL WILL SUCCESSFULLY COMPLETE TRAINING AND DEMONSTRATE THAT THEY ARE READY FOR THE WORKFORCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HOPE BUILDERS, WHO HAVE FOUND AND RETAINED A CAREER-PATHWAY JOB, LEADING TO LIVING-WAGE EMPLOYMENT. HOPE BUILDERS PROVIDES 6 MONTHS OF FOLLOW-UP SUPPORT TO EMPLOYED GRADUATES AND THEIR EMPLOYERS TO ENSURE JOB RETENTION. HOPE BUILDERS EXPECTS THAT 85% OF THOSE PLACED WILL RETAIN THEIR EMPLOYMENT.

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

SHAWNA SMITH GOTREAU IS A FULL TIME EMPLOYEE OF TALLER SAN JOSE HOPE BUILDERS.

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

THE ONLY MEMBER OF HOPE BUILDERS CAREER CONNECTIONS IS TALLER SAN JOSE HOPE BUILDERS.

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

MEMBERS MUST APPROVE:

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

Schedule O (Form 990) 2021

132211 11-11-21

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

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:

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

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	6,519.
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FORM 990, PART XII, LINE 2C:

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

**Related Organizations and Unrelated Partnerships**

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

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

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

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

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

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

(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
HOPE BUILDERS CAREER CONNECTIONS - 71-1024210, 801 N. BROADWAY, SANTA ANA, CA 92701	CAREER BUILDING	CALIFORNIA	501(C)(3)	LINE 12A, I	TALLER SAN JOSE HOPE BUILDERS		X

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

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

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

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



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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOPE BUILDERS CAREER CONNECTIONS	L	12,000.	ESTIMATE FMV
(2) HOPE BUILDERS CAREER CONNECTIONS	S	48,959.	CASH VALUE
(3) HOPE BUILDERS CAREER CONNECTIONS	Q	136,906.	CASH VALUE
(4) HOPE BUILDERS CAREER CONNECTIONS	R	736.	CASH VALUE
(5) HOPE BUILDERS CAREER CONNECTIONS	P	39,596.	CASH VALUE
(6)			

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

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

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

**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

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	BUILDINGS														
1	BUILDING, 801 N. BROADWAY	06/25/01	SL	39.00	MM	16	52,600.				52,600.	15,736.		1,349.	17,085.
3	BUILDING, 810 N. POINSETTIA	01/04/02	SL	39.00	MM	16	781,682.				781,682.	424,276.		20,043.	444,319.
	* 990 PAGE 10 TOTAL BUILDINGS						834,282.				834,282.	440,012.		21,392.	461,404.
	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.	5,298.		254.	5,552.
12	ELECTRICAL UPGRADE	09/22/04	SL	15.00		16	7,310.				7,310.	7,310.		0.	7,310.
13	EXTERIOR PAINT	09/20/04	SL	5.00		16	11,000.				11,000.	11,000.		0.	11,000.

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14	MONUMENT SIGN	03/05/05	SL	15.00		16	4,435.				4,435.	4,435.		0.	4,435.
15	BALANCE OF ELECTRICAL WORK	12/15/04	SL	15.00		16	3,014.				3,014.	3,014.		0.	3,014.
16	TILE WORK ON OUTSIDE STEPS	01/30/07	SL	15.00		16	1,020.				1,020.	988.		32.	1,020.
17	PICNIC TABLES	03/14/08	SL	15.00		16	4,530.				4,530.	4,023.		302.	4,325.
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.	2,400.		300.	2,700.
20	CARPET FOR BROADWAY	07/01/13	SL	10.00		16	17,098.				17,098.	13,667.		1,710.	15,377.
21	BALANCE OF CARPET INSTALLATION	07/06/13	SL	10.00		16	3,568.				3,568.	2,861.		357.	3,218.
22	NEW A/C UNIT	11/01/14	SL	12.00		16	8,955.				8,955.	4,970.		746.	5,716.
23	NEW ROOF	09/01/16	SL	20.00		16	13,160.				13,160.	3,202.		658.	3,860.
24	NEW ROOF, MOBILIZATION, LOGISTICS, BID COLLECTION, M	09/30/16	SL	20.00		16	2,899.				2,899.	687.		145.	832.
25	VINYL FLOORING IN LARGE CLASSROOM AND 4 SMALLER ROOM	07/31/16	SL	15.00		16	6,769.				6,769.	2,151.		451.	2,602.
26	CHANGE ORDER TO NEW VINYL FLOOR - MOVE FURNITURE BACK	09/30/16	SL	15.00		16	900.				900.	285.		60.	345.
27	HVAC UNIT - 7.5 TON PACKAGE UNIT #1 FOR 2ND FLOOR - INCL	01/03/19	SL	15.00		16	13,075.				13,075.	2,180.		872.	3,052.
28	HVAC UNIT - 7.5 TON PACKAGE - UNIT #2 FOR 1ST FLOOR	03/01/19	SL	15.00		16	11,094.				11,094.	1,727.		740.	2,467.
29	CONDENSING UNIT	01/03/19	SL	15.00		16	3,673.				3,673.	612.		245.	857.
30	FUSED GLASS PANEL WINDOWS AT 801	03/21/19	SL	15.00		16	36,100.				36,100.	5,416.		2,407.	7,823.
31	IRON FENCING	03/31/19	SL	15.00		16	8,540.				8,540.	1,280.		569.	1,849.

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32	IMPRVM'TS 810 N. POINSETTIA	06/30/03	SL	39.00	MM	16	33,152.				33,152.	15,305.		850.	16,155.
33	CLASSROOM PROJECT COST/FINISHED 1/1/04	01/01/04	SL	39.00	MM	16	45,565.				45,565.	20,436.		1,168.	21,604.
35	AIR CONDITIONING	10/04/04	SL	15.00		16	3,645.				3,645.	3,639.		0.	3,639.
36	SOLAR PLOT PLAN	01/01/16	SL	15.00		16	300.				300.	118.		20.	138.
37	ROOF MOUNTED PV SOLAR DESIGN	01/01/16	SL	15.00		16	1,000.				1,000.	378.		67.	445.
38	PLANNING, PERMITS & FEES	01/01/16	SL	15.00		16	1,451.				1,451.	531.		97.	628.
39	ROOF SOLAR PROJECT	01/01/16	SL	15.00		16	54,610.				54,610.	7,807.		3,641.	11,448.
40	EPOXY FLOORS AT 810	11/01/15	SL	15.00		16	3,878.				3,878.	2,501.		259.	2,760.
41	NEW AC COMPRESSOR AND COIL REPLACEMENT	01/01/17	SL	15.00		16	4,752.				4,752.	1,419.		317.	1,736.
42	EXTERIOR BUILDING LIGHTING FOR 801	07/01/18	SL	15.00		16	1,277.				1,277.	170.		85.	255.
43	BAY ALARM EQUIPMENT INSTALL	06/15/19	SL	15.00		16	1,226.				1,226.	171.		82.	253.
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.	38,266.		1,454.	39,720.
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.	3,590.		247.	3,837.
48	PAD FOR PICNIC TABLES	03/01/08	SL	39.00	MM	16	5,000.				5,000.	1,802.		128.	1,930.
49	SPACE PLANNING & BLDG DRAWINGS-ANAHEIM	04/01/16	SL	15.00		16	5,300.				5,300.	1,843.		353.	2,196.
50	CUP AND BUILDING PERMITS - ANAHEIM	04/01/16	SL	15.00		16	5,572.				5,572.	1,950.		371.	2,321.

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51	MOBILIZATION & MATERIALS - ANAHEIM	04/01/16	SL	15.00		16	7,000.				7,000.	2,454.		467.	2,921.
52	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	SL	15.00		16	24,816.				24,816.	8,688.		1,654.	10,342.
53	BLUEPRINTS - ANAHEIM	04/01/16	SL	15.00		16	153.				153.	57.		10.	67.
54	CITY PERMIT FEES - ANAHEIM	04/01/16	SL	15.00		16	1,297.				1,297.	448.		86.	534.
55	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	SL	15.00		16	20,000.				20,000.	6,996.		1,333.	8,329.
56	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	30,000.				30,000.	10,508.		2,000.	12,508.
57	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	35,000.				35,000.	12,238.		2,333.	14,571.
58	SIGNAGE FOR ANAHEIM SITE	04/01/16	SL	15.00		16	8,734.				8,734.	3,068.		582.	3,650.
59	HARDWARE/ NETWORK CABLE RUN FOR 100 HARBOR BLVD	04/01/16	SL	15.00		16	10,259.				10,259.	3,591.		684.	4,275.
60	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	15,000.				15,000.	5,242.		1,000.	6,242.
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.	9,498.		1,902.	11,400.
63	TI ON NEW ANAHEIM LOCATION	06/30/16	SL	15.00		16	1,940.				1,940.	651.		129.	780.
64	REMOVAL AND INSTALLATION OF CEILING FAN AT 801	09/30/16	SL	15.00		16	755.				755.	234.		50.	284.
65	ABC CLASSROOM - BUILDING OUT NEW COUNTERTOP	10/31/16	SL	15.00		16	1,700.				1,700.	528.		113.	641.
66	INSTALLATION OF HVAC DAMPERS, THERMOSTATS 801	01/01/17	SL	15.00		16	2,870.				2,870.	861.		191.	1,052.
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.

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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.	1,102.		0.	1,102.
85	NETWORK MOVE	12/01/14	SL	5.00		16	3,584.				3,584.	3,584.		0.	3,584.
86	ANAHEIM SERVER	04/01/16	SL	5.00		16	9,448.				9,448.	9,448.		0.	9,448.
87	ANAHEIM VOICEMAIL SERVER	04/01/16	SL	5.00		16	451.				451.	451.		0.	451.
88	ANAHEIM SERVER	04/01/16	SL	5.00		16	2,802.				2,802.	2,802.		0.	2,802.
89	25 LENOVO LAPTOPS FOR ANAHEIM	11/01/15	SL	5.00		16	18,627.				18,627.	18,627.		0.	18,627.
90	3 LENOVO THINKPAD YOGA LAPTOPS	12/01/15	SL	5.00		16	2,490.				2,490.	2,283.		0.	2,283.



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91	VOICEMAIL SERVER - 1600 MOVED TO 801 2018	05/01/17	SL	5.00		16	1,706.				1,706.	1,421.		285.	1,706.
92	BATTERY BACKUP	07/01/17	SL	5.00		16	875.				875.	700.		175.	875.
93	NEW 801 SERVER (AFINITY INSTALLED ON 12/03/2018)	12/03/18	SL	5.00		16	11,413.				11,413.	5,898.		2,283.	8,181.
94	NEW 801 HP 2620-48-POE LAYER 3 SWITCH	12/03/18	SL	5.00		16	2,320.				2,320.	1,199.		464.	1,663.
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.
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.

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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.	3,130.		0.	3,130.
114	SMARTTV FOR 801 CONFERENCE ROOM - TO ANAHEIM 2018	03/01/15	SL	5.00		16	2,800.				2,800.	2,800.		0.	2,800.
115	DEPOSIT ON PHONE EQUIPMENT - ANAHEIM	04/01/16	SL	5.00		16	4,519.				4,519.	4,519.		0.	4,519.
116	801 RECEPTION AREA WORKSTATION	12/01/15	SL	5.00		16	3,840.				3,840.	3,840.		0.	3,840.
117	FURNITURE FOR 801 2ND FLOOR CAREER OFFICES	12/01/15	SL	5.00		16	2,413.				2,413.	2,413.		0.	2,413.
118	MEDICAL/CLASSROOM/OFFICE - FURN. & EQUIP	04/01/16	SL	5.00		16	20,500.				20,500.	20,500.		0.	20,500.
119	FIXTURE-DONOR WALL AT 801 N. HARBOR	04/30/16	SL	5.00		16	25,592.				25,592.	25,592.		0.	25,592.
120	BLINDS FOR 100 HARBOR	09/30/16	SL	5.00		16	2,919.				2,919.	2,774.		145.	2,919.
122	XEROX WORKCENTRE 5955 COPIER FOR ANAHEIM OFFICE	02/11/19	SL	5.00		16	5,926.				5,926.	2,864.		1,185.	4,049.
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.	2,467.		0.	2,467.
126	TWO FREEZERS	08/01/14	SL	5.00		16	2,000.				2,000.	1,958.		0.	1,958.
127	CUBICLES AT 1600 - KEPT 2 CUBLICES AT 801	09/01/14	SL	5.00		16	2,000.				2,000.	1,966.		0.	1,966.

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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
128	LOCKERS - WORD & BROWN	09/01/14	SL	5.00		16	1,500.				1,500.	1,475.		0.	1,475.
131	10 WOOD AND CLOTH CUBICLES	06/30/18	SL	5.00		16	7,500.				7,500.	4,500.		1,500.	6,000.
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.	4,681.		0.	4,681.
141	QTY 4 COMPOUND MITER SAWS WITH STANDS	07/06/17	SL	5.00		16	3,461.				3,461.	2,768.		693.	3,461.
142	WHEELER REX: TREADING MACHINE SIDEKICK III	07/01/19	SL	5.00		16	1,709.				1,709.	684.		342.	1,026.
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.

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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
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.	7,000.		0.	7,000.
150	AFINETY - OFFICE 365	12/01/14	SL	5.00		16	3,052.				3,052.	3,052.		0.	3,052.
152	WELLS FARGO COPIER LEASE	06/30/18	SL	5.00		16	70,547.				70,547.	50,558.		14,109.	64,667.
153	GMC TRUCK - BOX TRUCK	07/31/99	SL	5.00		16	18,421.				18,421.	18,422.		0.	18,422.
156	CHROMEBOOK LAPTOPS	08/01/20	SL	5.00		16	15,312.				15,312.	2,807.		3,062.	5,869.
157	EQUIPMENT	02/29/20	SL	5.00		16	2,328.				2,328.	621.		466.	1,087.
158	DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCH	08/31/17	SL	5.00		16	2,039.				2,039.	1,132.		408.	1,540.
159	15 LENOVO THINKPAD E15 15.6"	09/01/20	SL	5.00		16	11,662.				11,662.	1,944.		2,332.	4,276.
160	50 ACER CHROMEBOOKS 15.6"	01/01/21	SL	5.00		16	19,214.				19,214.	1,921.		3,843.	5,764.
161	APPLE 13-INCH MACBOOK PRO - SPACE GRAY	07/01/21	SL	5.00		16	1,653.				1,653.			331.	331.
162	40 DELL LATITUDE 3520 INTEL CORE I5-1135G7	10/01/21	SL	5.00		16	56,594.				56,594.			8,489.	8,489.
163	801 PARKING LOT SEALS	10/31/21	SL	15.00		16	1,452.				1,452.			65.	65.
	* 990 PAGE 10 TOTAL OTHER						1,476,728.				1,476,728.	1,072,650.		71,698.	1,144,348.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,542,311.				2,542,311.	1,512,662.		93,090.	1,605,752.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,482,612.			0.	2,482,612.	1,512,662.			1,596,867.

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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
	ACQUISITIONS						59,699.			0.	59,699.	0.			8,885.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,542,311.			0.	2,542,311.	1,512,662.			1,605,752.
	ENDING ACCUM DEPR											1,605,752.			
	ENDING BOOK VALUE											936,559.			