

EXTENDED TO MAY 15, 2025

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

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

C Name of organization**TALLER SAN JOSE HOPE BUILDERS**

Doing business as

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

801 N. BROADWAY

Room/suite

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

SANTA ANA, CA 92701**F** Name and address of principal officer: **ZAJID COVA****SAME AS C ABOVE****D** Employer identification number**** - ***6355****E** Telephone number**714-543-5105****G** Gross receipts \$ **5,056,217.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.TSJHOPEBUILDERS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2005** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: HOPE BUILDERS EMPOWERS DISADVANTAGED YOUNG ADULTS WITH THE MENTORSHIP, JOB SKILLS AND LIFE
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 14
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 42
	6	Total number of volunteers (estimate if necessary) 263
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 4,648,738.
	9	Program service revenue (Part VIII, line 2g) 275,916.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 274,483.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,325.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,201,462.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 297,260.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,756,663.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 837,935.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,028,259.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,082,182.
19	Revenue less expenses. Subtract line 18 from line 12 1,119,280.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 8,726,043.
	21	Total liabilities (Part X, line 26) 979,193.
	22	Net assets or fund balances. Subtract line 21 from line 20 7,746,850.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ZAJID COVA, CONTROLLER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DIANA ZAMBRANO, CPA		03/17/25		P00965403
Preparer Use Only	Firm's name	Firm's EIN		Phone no. (949) 852-1600	
	RJI INTERNATIONAL CPAS	** - ***3262			
	Firm's address				
	18012 SKY PARK CIRCLE, SUITE 200				
	IRVINE, CA 92614				

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 1 Briefly describe the organization's mission:
HOPE BUILDERS EMPOWERS 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 ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ **467,658.** including grants of \$) (Revenue \$)
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 THOROUGHLY VET AND SCREEN EACH APPLICANT TO IDENTIFY THOSE WHO ARE MOTIVATED TO CHANGE THEIR CURRENT CIRCUMSTANCES 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 BECOMING A HOPE BUILDER.
- 4b (Code:) (Expenses \$ **1,884,907.** including grants of \$ **468,657.**) (Revenue \$)
TRAINEE: THE TRAINEE STAGE INCLUDES THOSE WHO SUCCESSFULLY COMPLETE THE APPLICATION PROCESS AND ENROLL IN ONE OF THE JOB TRAINING PATHWAYS (CONSTRUCTION, CHILD DEVELOPMENT, 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 ACADEMY INCLUDES LIFE SKILLS TRAINING, CASE MANAGEMENT, BASIC SKILL ENRICHMENT, EMPLOYMENT READINESS, AND TECHNICAL SKILLS. TRAINEES RECEIVE A WEEKLY \$100 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 EXPERIENCE A SET BACK
- 4c (Code:) (Expenses \$ **1,412,663.** including grants of \$) (Revenue \$)
CAREER BUILDER: THE CAREER BUILDER STAGE INCLUDES THE YOUNG ADULTS WHO HAVE SUCCESSFULLY MET WORKFORCE READINESS STANDARDS AND ARE NOW TAKING STEPS TO ENTER THE WORKFORCE. WORKFORCE READY CANDIDATES WORK CLOSELY WITH STAFF TO SECURE A QUALITY JOB WITHIN A CAREER PATHWAY. THROUGH HBCC, EMPLOYERS WHO CAN OFFER A PATHWAY TO A LIVING WAGE ARE RECRUITED AND MATCHED WITH WORKFORCE READY CANDIDATES. HBCC FOCUSES ON SUPPORTING EMPLOYERS WITH A PIPELINE OF ADEQUATE AND RELIABLE WORKFORCE. A CAREER BUILDER WHO COMPLETES THIS STAGE MUST AGREE TO THE HOPE BUILDER PLEDGE AND RENEW THEIR COMMITMENT TO BECOMING A HOPE BUILDER.
- HOPE BUILDER: THE HOPE BUILDER STAGE INCLUDES THOSE YOUNG ADULTS, WHO HAVE PROVEN THAT THEY HAVE DEVELOPED THE SKILLS NEEDED TO REMAIN IN A**
- 4d Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)
- 4e Total program service expenses **3,765,228.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 42		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHAWNA SMITH GOTREAU DIRECTOR	40.00 5.00	X		X				170,849.	0.	2,563.
(2) CHRISTA SHEEHAN DEPUTY DIRECTOR	40.00	X		X				165,625.	0.	2,012.
(3) LAURA STAGNER EMPLOYEE	40.00				X			103,852.	0.	4,134.
(4) ZAJID COVA CONTROLLER	40.00	X		X				102,659.	0.	4,086.
(5) ALEX CALABRESE VICE CHAIR	1.00	X						0.	0.	0.
(6) CARLOS GONZALEZ CHAIR	1.00	X						0.	0.	0.
(7) JEFFREY RANDOLPH DIRECTOR	1.00	X						0.	0.	0.
(8) JON STORBECK DIRECTOR	1.00	X						0.	0.	0.
(9) LISA WEAVER DIRECTOR	1.00 40.00	X						0.	0.	0.
(10) MARIA ELENA PERALES DIRECTOR	1.00 40.00	X						0.	0.	0.
(11) MIKE CAWLINA DIRECTOR	1.00	X						0.	0.	0.
(12) MIKE SMITH DIRECTOR	1.00	X						0.	0.	0.
(13) OLIVA LINDSAY DIRECTOR	1.00	X						0.	0.	0.
(14) SR. EILEEN MCNERNEY DIRECTOR	1.00 20.00	X						0.	0.	0.
(15) TARA COWELL DIRECTOR	1.00	X						0.	0.	0.
(16) TIM BLETT CHAIR	1.00	X		X				0.	0.	0.
(17) VINCE MCGUINNESS, JR. DIRECTOR	1.00	X						0.	0.	0.

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	766,970.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	423,790.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,588,448.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 17,000.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a FUNDED CURRICULUM	Business Code	611600	120,801.	120,801.		
	b INCOME FROM SUBSIDIARY		611600	43,641.	43,641.		
	c						
	d						
	e						
	f All other program service revenue		513190	21.	21.		
	g Total. Add lines 2a-2f			164,463.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			102,471.	102,471.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 10,075.				
b Less: rental expenses		6b	0.				
c Rental income or (loss)		6c	10,075.				
d Net rental income or (loss)				10,075.	10,075.		
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 766,970. of contributions reported on line 1c). See Part IV, line 18		8a	0.				
b Less: direct expenses		8b	0.				
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			5,056,217.	277,009.	0.	0.

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	468,657.	468,657.		
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	542,986.	393,999.	76,020.	72,967.
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	2,945,760.	2,137,488.	412,419.	395,853.
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.)	343,254.	107,642.	219,239.	16,373.
12 Advertising and promotion	279,074.	3,121.	8,045.	267,908.
13 Office expenses				
14 Information technology	22,459.	13,623.	8,455.	381.
15 Royalties				
16 Occupancy	287,377.	260,367.	19,359.	7,651.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,143.		4,143.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,120.	56,636.	1,156.	328.
23 Insurance	38,525.	7,142.	31,244.	139.
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	309,421.	295,941.	4,638.	8,842.
b SPECIAL EVENTS	57,980.	0.	0.	57,980.
c PRINTING & OFFICE SUPPL	30,940.	20,572.	6,573.	3,795.
d OTHER EXPENSES	12,688.	40.	6,930.	5,718.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,401,384.	3,765,228.	798,221.	837,935.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,413,593.	1	428,093.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	979,547.	3	1,552,299.
	4 Accounts receivable, net	627,067.	4	447,004.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,152.	8	1,832.
	9 Prepaid expenses and deferred charges	6,500.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,600,407.		
	b Less: accumulated depreciation	10b 1,720,073.		
	11 Investments - publicly traded securities	911,828.	10c	880,334.
	12 Investments - other securities. See Part IV, line 11	2,726,969.	11	3,087,592.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,053,387.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,726,043.	15	2,119,318.	
17 Accounts payable and accrued expenses	587,628.	16	8,516,472.	
18 Grants payable		17	519,616.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	391,565.	24		
26 Total liabilities. Add lines 17 through 25	979,193.	25	299,541.	
27 Net assets without donor restrictions	6,326,255.	26	819,157.	
28 Net assets with donor restrictions	1,420,595.	27	5,366,209.	
29 Capital stock or trust principal, or current funds		28	2,331,106.	
30 Paid-in or capital surplus, or land, building, or equipment fund		29		
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	7,746,850.	31		
33 Total liabilities and net assets/fund balances	8,726,043.	32	7,697,315.	
33 Total liabilities and net assets/fund balances		33	8,516,472.	

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	5,056,217.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,401,384.
3	Revenue less expenses. Subtract line 2 from line 1	3	-345,167.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,746,850.
5	Net unrealized gains (losses) on investments	5	295,632.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,697,315.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2023

Open to Public Inspection

TALLER SAN JOSE HOPE BUILDERS

-*6355

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

- ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

☐ 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: _____

☐ 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.)

☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

☐ 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.)

☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

☐ 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: _____

☐ 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.)

☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

☐ 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.

☐ **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.**

☐ **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.**

☐ **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.**

☐ **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.**

☐ 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.

Enter the number of supported organizations

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

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

COPY

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

-*6355

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,726,969.	2,465,526.	2,811,516.	1,333,887.	258,693.
b Contributions				1,000,000.	1,000,000.
c Net investment earnings, gains, and losses	360,623.	261,443.	-345,990.	477,629.	75,194.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,087,592.	2,726,969.	2,465,526.	2,811,516.	1,333,887.

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

a Board designated or quasi-endowment 100.0000 %

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:

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,065,583.	587,863.	477,720.
c Leasehold improvements		839,422.	498,452.	340,970.
d Equipment		695,402.	633,758.	61,644.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				880,334.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) HOPE BUILDERS CAREER CONNECTIONS	1,729,802.
(2) PROPERTIES HELD FOR RESALE	8,000.
(3) PREPAID EXPENSES	31,281.
(4) DEPOSITS	16,000.
(5) ROU ASSETS	251,093.
(6) UNBILLED REVENUE	83,142.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,119,318.

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	775.
(3) ROU LEASE LIABILITY	258,898.
(4) DEFERRED REVENUE	39,868.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	299,541.

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... ☐

Schedule D (Form 990) 2023

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

PROVIDE CONTINUING SUPPORT FOR OPERATIONS.

**SCHEDULE E
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schools

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

****-***6355**

Part I

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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
- SEE PART II**
-
-
-
- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.
-
-
-
- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.
-
-
-
- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II

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

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

Schedule E (Form 990) 2023

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. See instructions.**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.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

-6355

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Total						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL FALL EVENT CAMPAIGN (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	766,970.			766,970.
	2 Less: Contributions	766,970.			766,970.
	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.

Revenue		(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				
	2 Cash prizes				
Direct Expenses	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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

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

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

Part IV Supplemental Information *(continued)*

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number
-*6355

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) 2023

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
STUDENT ASSISTANCE	122	35,276.	0.	FACE VALUE	
STIPENDS	418	434,756.	0.	FACE VALUE	
PROGRAM INCENTIVES	198	97,819.	0.	FACE VALUE	

Part IV

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

**** - *** 6355**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2023

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

[illegible]

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number
-*6355

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:

IN READINESS ARE PROVIDED SUPPLEMENTAL SERVICES TO ADDRESS BARRIERS. A
TRAINEE WHO COMPLETES THIS STAGE MUST AGREE TO THE CAREER BUILDER
PLEDGE AND RENEW THEIR COMMITMENT TO BECOMING A HOPE BUILDER.

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

CAREER PATHWAY. HBCC CONTINUES TO OFFER JOB RETENTION SUPPORT AFTER A
JOB PLACEMENT IS SECURED. THESE YOUNG ADULTS JOIN A COMMUNITY OF OTHER
SUCCESSFUL HOPE BUILDERS, WHO HAVE FOUND AND RETAINED A QUALITY JOB THE
KIND THAT PROVIDES A CAREER PATHWAY AND HAS LED TO LIVING-WAGE
EMPLOYMENT. HOPE BUILDERS CONSIDERS SIX MONTHS OF RETENTION IN A CAREER
PATHWAY, WITH A LIVING-WAGE SALARY, TO BE THE ULTIMATE MARKER OF
SUCCESS; RESEARCH TELLS US THAT WHEN SOMEONE IS EMPLOYED FOR SIX
MONTHS, THEY ARE MOST LIKELY TO REMAIN IN THE WORKFORCE. THROUGHOUT
THIS STAGE, STAFF FOLLOWS UP WITH BOTH THE EMPLOYED STUDENT AND THE
EMPLOYER AT SPECIFIC INTERVALS TO ENSURE EMPLOYMENT RETENTION. A HOPE
BUILDER CONTINUES THEIR JOURNEY OF GROWTH OUT IN THE COMMUNITY AND
THEIR COMMITMENT TO THE PROGRAM AS A SPOKESPERSON FOR HOPE BUILDERS.

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

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

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

-*6355

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

MEMBERS MUST APPROVE:

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

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

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.

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

-*6355

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

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

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

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

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

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

TALLER SAN JOSE HOPE BUILDERS

Employer identification number

-*6355

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

[illegible]

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

[illegible]

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

Schedule R (Form 990) 2023

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOPE BUILDERS CAREER CONNECTIONS	L	21,000.	CASH VALUE
(2) HOPE BUILDERS CAREER CONNECTIONS	P	208,572.	CASH VALUE
(3) HOPE BUILDERS CAREER CONNECTIONS	Q	108,126.	CASH VALUE
(4)			
(5)			
(6)			

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

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

[illegible]

Part VII Supplemental Information

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

Lined area for supplemental information.

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2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING, 801 N. BROADWAY	06/25/01	SL	39.00	MM	16	52,600.				52,600.	18,434.		1,349.	19,783.
3	BUILDING, 810 N. POINSETTIA	01/04/02	SL	39.00	MM	16	781,682.				781,682.	464,362.		20,043.	484,405.
	* 990 PAGE 10 TOTAL BUILDINGS						834,282.				834,282.	482,796.		21,392.	504,188.
	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.	5,806.		254.	6,060.
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.

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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.	1,020.		0.	1,020.
17	PICNIC TABLES	03/14/08	SL	15.00		16	4,530.				4,530.	4,526.		0.	4,526.
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.	3,000.		0.	3,000.
20	CARPET FOR BROADWAY	07/01/13	SL	10.00		16	17,098.				17,098.	17,087.		0.	17,087.
21	BALANCE OF CARPET INSTALLATION	07/06/13	SL	10.00		16	3,568.				3,568.	3,568.		0.	3,568.
22	NEW A/C UNIT	11/01/14	SL	12.00		16	8,955.				8,955.	6,462.		746.	7,208.
23	NEW ROOF	09/01/16	SL	20.00		16	13,160.				13,160.	4,518.		658.	5,176.
24	NEW ROOF, MOBILIZATION, LOGISTICS, BID COLLECTION, M	09/30/16	SL	20.00		16	2,899.				2,899.	977.		145.	1,122.
25	VINYL FLOORING IN LARGE CLASSROOM AND 4 SMALLER ROOM	07/31/16	SL	15.00		16	6,769.				6,769.	3,053.		451.	3,504.
26	CHANGE ORDER TO NEW VINYL FLOOR - MOVE FURNITURE BACK	09/30/16	SL	15.00		16	900.				900.	405.		60.	465.
27	HVAC UNIT - 7.5 TON PACKAGE UNIT #1 FOR 2ND FLOOR - INCL	01/03/19	SL	15.00		16	13,075.				13,075.	3,924.		872.	4,796.
28	HVAC UNIT - 7.5 TON PACKAGE - UNIT #2 FOR 1ST FLOOR	03/01/19	SL	15.00		16	11,094.				11,094.	3,207.		740.	3,947.
29	CONDENSING UNIT	01/03/19	SL	15.00		16	3,673.				3,673.	1,102.		245.	1,347.
30	FUSED GLASS PANEL WINDOWS AT 801	03/21/19	SL	15.00		16	36,100.				36,100.	10,230.		2,407.	12,637.
31	IRON FENCING	03/31/19	SL	15.00		16	8,540.				8,540.	2,418.		569.	2,987.

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	IMPRVM'TS 810 N. POINSETTIA	06/30/03	SL	39.00	MM	16	33,152.				33,152.	17,005.		850.	17,855.
33	CLASSROOM PROJECT COST/FINISHED 1/1/04	01/01/04	SL	39.00	MM	16	45,565.				45,565.	22,772.		1,168.	23,940.
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.	158.		20.	178.
37	ROOF MOUNTED PV SOLAR DESIGN	01/01/16	SL	15.00		16	1,000.				1,000.	512.		67.	579.
38	PLANNING, PERMITS & FEES	01/01/16	SL	15.00		16	1,451.				1,451.	725.		97.	822.
39	ROOF SOLAR PROJECT	01/01/16	SL	15.00		16	54,610.				54,610.	15,089.		3,641.	18,730.
40	EPOXY FLOORS AT 810	11/01/15	SL	15.00		16	3,878.				3,878.	3,019.		259.	3,278.
41	NEW AC COMPRESSOR AND COIL REPLACEMENT	01/01/17	SL	15.00		16	4,752.				4,752.	2,053.		317.	2,370.
42	EXTERIOR BUILDING LIGHTING FOR 801	07/01/18	SL	15.00		16	1,277.				1,277.	340.		85.	425.
43	BAY ALARM EQUIPMENT INSTALL	06/15/19	SL	15.00		16	1,226.				1,226.	335.		82.	417.
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.	41,174.		1,454.	42,628.
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.	4,084.		247.	4,331.
48	PAD FOR PICNIC TABLES	03/01/08	SL	39.00	MM	16	5,000.				5,000.	2,058.		128.	2,186.
49	SPACE PLANNING & BLDG DRAWINGS-ANAHEIM	04/01/16	SL	15.00		16	5,300.				5,300.	2,549.		353.	2,902.
50	CUP AND BUILDING PERMITS - ANAHEIM	04/01/16	SL	15.00		16	5,572.				5,572.	2,692.		371.	3,063.

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51	MOBILIZATION & MATERIALS - ANAHEIM	04/01/16	SL	15.00		16	7,000.				7,000.	3,388.		467.	3,855.
52	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	SL	15.00		16	24,816.				24,816.	11,996.		1,654.	13,650.
53	BLUEPRINTS - ANAHEIM	04/01/16	SL	15.00		16	153.				153.	77.		10.	87.
54	CITY PERMIT FEES - ANAHEIM	04/01/16	SL	15.00		16	1,297.				1,297.	620.		86.	706.
55	TENANT IMPROVEMENTS - ANAHEIM	04/01/16	SL	15.00		16	20,000.				20,000.	9,662.		1,333.	10,995.
56	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	30,000.				30,000.	14,508.		2,000.	16,508.
57	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	35,000.				35,000.	16,904.		2,333.	19,237.
58	SIGNAGE FOR ANAHEIM SITE	04/01/16	SL	15.00		16	8,734.				8,734.	4,232.		582.	4,814.
59	HARDWARE/ NETWORK CABLE RUN FOR 100 HARBOR BLVD	04/01/16	SL	15.00		16	10,259.				10,259.	4,959.		684.	5,643.
60	TI ON NEW ANAHEIM LOCATION	04/01/16	SL	15.00		16	15,000.				15,000.	7,242.		1,000.	8,242.
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.	13,302.		1,902.	15,204.
63	TI ON NEW ANAHEIM LOCATION	06/30/16	SL	15.00		16	1,940.				1,940.	909.		129.	1,038.
64	REMOVAL AND INSTALLATION OF CEILING FAN AT 801	09/30/16	SL	15.00		16	755.				755.	334.		50.	384.
65	ABC CLASSROOM - BUILDING OUT NEW COUNTERTOP	10/31/16	SL	15.00		16	1,700.				1,700.	754.		113.	867.
66	INSTALLATION OF HVAC DAMPERS, THERMOSTATS 801	01/01/17	SL	15.00		16	2,870.				2,870.	1,243.		191.	1,434.
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.	1,706.		0.	1,706.
92	BATTERY BACKUP	07/01/17	SL	5.00		16	875.				875.	875.		0.	875.
93	NEW 801 SERVER (AFINITY INSTALLED ON 12/03/2018)	12/03/18	SL	5.00		16	11,413.				11,413.	10,464.		949.	11,413.
94	NEW 801 HP 2620-48-POE LAYER 3 SWITCH	12/03/18	SL	5.00		16	2,320.				2,320.	2,127.		193.	2,320.
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.	2,919.		0.	2,919.
122	XEROX WORKCENTRE 5955 COPIER FOR ANAHEIM OFFICE	02/11/19	SL	5.00		16	5,926.				5,926.	5,234.		692.	5,926.
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 CUBICLES AT 801	09/01/14	SL	5.00		16	2,000.				2,000.	1,966.		0.	1,966.

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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.	7,500.		0.	7,500.
132	SJW - SLIDING TABLE	06/13/00	SL	5.00		16	703.				703.	703.		0.	703.
133	SJW - VACUMN	06/30/00	SL	5.00		16	149.				149.	149.		0.	149.
134	TECH STORAGE UNIT	04/11/02	SL	5.00		16	2,990.				2,990.	2,990.		0.	2,990.
135	TECH SECURITY SYSTEM	03/12/03	SL	5.00		16	6,626.				6,626.	6,626.		0.	6,626.
136	CHAIRS & TABLES	02/09/04	SL	5.00		16	5,309.				5,309.	5,309.		0.	5,309.
137	CHAIRS & TABLES	03/03/04	SL	5.00		16	706.				706.	706.		0.	706.
138	CHAIRS & TABLES	03/03/04	SL	5.00		16	5,478.				5,478.	5,478.		0.	5,478.
139	GREEN JOBS SETUP	08/11/06	SL	5.00		16	34,000.				34,000.	34,000.		0.	34,000.
140	POINSETTIA OFFICE AREA WORKSTATION	12/01/15	SL	5.00		16	4,681.				4,681.	4,681.		0.	4,681.
141	QTY 4 COMPOUND MITER SAWS WITH STANDS	07/06/17	SL	5.00		16	3,461.				3,461.	3,461.		0.	3,461.
142	WHEELER REX: TREADING MACHINE SIDEKICK III	07/01/19	SL	5.00		16	1,709.				1,709.	1,368.		341.	1,709.
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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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.	70,547.		0.	70,547.
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.	8,931.		3,062.	11,993.
157	EQUIPMENT	02/29/20	SL	5.00		16	2,328.				2,328.	1,553.		466.	2,019.
158	DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCH	08/31/17	SL	5.00		16	2,039.				2,039.	1,608.		0.	1,608.
159	15 LENOVO THINKPAD E15 15.6"	09/01/20	SL	5.00		16	11,662.				11,662.	6,608.		2,332.	8,940.
160	50 ACER CHROMEBOOKS 15.6"	01/01/21	SL	5.00		16	19,214.				19,214.	9,607.		3,843.	13,450.
161	APPLE 13-INCH MACBOOK PRO - SPACE GRAY	07/01/21	SL	5.00		16	1,653.				1,653.	662.		331.	993.
162	40 DELL LATITUDE 3520 INTEL CORE I5-1135G7	10/01/21	SL	5.00		16	56,594.				56,594.	19,808.		11,319.	31,127.
163	801 PARKING LOT SEALS	10/31/21	SL	15.00		16	1,452.				1,452.	162.		97.	259.
164	ACCESS CONTROL SYSTEMS AND SMART UPS	07/01/22	SL	15.00		16	6,000.				6,000.	400.		400.	800.
165	PROXIMITY CARD PRINTER	07/01/22	SL	15.00		16	2,024.				2,024.	135.		135.	270.
166	ACCESS CONTROL SYSTEMS AND SMART UPS	07/01/22	SL	15.00		16	8,019.				8,019.	535.		535.	1,070.
167	ACCESS CONTROL SYSTEMS AND SMART UPS	07/01/22	SL	15.00		16	8,580.				8,580.	572.		572.	1,144.
168	CAMERAS AND INTERCOM	09/01/22	SL	5.00		16	3,087.				3,087.	515.		617.	1,132.

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169	CAMERAS AND INTERCOM	09/01/22	SL	5.00		16	2,381.				2,381.	397.		476.	873.
170	CAMERAS AND INTERCOM	09/01/22	SL	5.00		16	1,379.				1,379.	230.		276.	506.
171	6 DELL LATITUDE 3540 LAPTOPS	08/14/23	SL	5.00		16	9,994.				9,994.			1,832.	1,832.
172	25 QTY ACER CHROMEBOOK LAPTOPS: 25 QTY CARRYING CAS	01/01/24	SL	5.00		16	10,498.				10,498.			1,050.	1,050.
173	6 DELL LATITUDE 3540 LAPTOPS	04/29/24	SL	5.00		16	6,130.				6,130.			204.	204.
	* 990 PAGE 10 TOTAL OTHER						1,534,820.				1,534,820.	1,211,685.		58,542.	1,270,227.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,600,403.				2,600,403.	1,694,481.		79,934.	1,774,415.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,573,781.			0.	2,573,781.	1,694,481.			1,771,329.
	ACQUISITIONS						26,622.			0.	26,622.	0.			3,086.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,600,403.			0.	2,600,403.	1,694,481.			1,774,415.
	ENDING ACCUM DEPR											1,774,415.			
	ENDING BOOK VALUE											825,988.			

2023

California Exempt Organization
Annual Information Return

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023, and ending (mm/dd/yyyy) 06/30/2024

Corporation/Organization name

TALLER SAN JOSE HOPE BUILDERS

Additional information. See instructions.

California corporation number

2799610

FEIN

-*6355

Street address (suite or room)

801 N. BROADWAY

City

SANTA ANA

State

CA

ZIP code

92701

Foreign country name

Foreign province/state/county

Foreign postal code

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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	277,009	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	4,779,208	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.			
		This line must be completed. If the result is less than \$50,000, see General Information B	4	5,056,217	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
8	Total gross income. Subtract line 7 from line 4	8	5,056,217	00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,401,382	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-345,165	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title CONTROLLER	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	Date 03/17/25	Check if self-employed	• PTIN P00965403	
	Firm's name (or yours, if self-employed) and address			• Firm's FEIN **-***3262	
					• Telephone (949) 852-1600
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	37,309	00	
	3	Dividends	•	3	65,162	00	
	4	Gross rents	•	4	10,075	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income SEE STATEMENT 2	•	7	164,463	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	277,009	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	468,657	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	•	11	542,985	00	
	12	Other salaries and wages	•	12	2,945,760	00	
	13	Interest	•	13	4,143	00	
	14	Taxes	•	14		00	
	15	Rents	•	15	287,377	00	
	16	Depreciation and depletion (See instructions)	•	16	58,119	00	
	Expenses and Disbursements	17	Other expenses and disbursements SEE STATEMENT 4	•	17	1,094,341	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	5,401,382	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		1,413,593	•	428,093
2 Net accounts receivable		627,067	•	447,004
3 Net notes receivable			•	
4 Inventories		7,152	•	1,832
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments STMT 5		2,726,969	•	3,087,592
10 a Depreciable assets	2,573,781		2,600,407	
b Less accumulated depreciation	1,661,953	911,828	1,720,073	880,334
11 Land			•	
12 Other assets STMT 6		3,039,434	•	3,671,617
13 Total assets		8,726,043		8,516,472
Liabilities and net worth				
14 Accounts payable		587,628	•	519,616
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities STMT 7		391,565		299,541
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		7,746,850	•	7,697,315
22 Total liabilities and net worth		8,726,043		8,516,472

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	-345,165	7 Income recorded on books this year not included in this return. Attach schedule	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		-345,165
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		-345,165			

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
SHAWNA SMITH GOTREAU 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 40.00	170,849.	
CHRISTA SHEEHAN 801 N. BROADWAY SANTA ANA, CA 92701	DEPUTY DIRECTOR 40.00	165,625.	
LAURA STAGNER 801 N. BROADWAY SANTA ANA, CA 92701	EMPLOYEE 40.00	103,852.	
ZAJID COVA 801 N. BROADWAY SANTA ANA, CA 92701	CONTROLLER 40.00	102,659.	
ALEX CALABRESE 801 N. BROADWAY SANTA ANA, CA 92701	VICE CHAIR 1.00	0.	
CARLOS GONZALEZ 801 N. BROADWAY SANTA ANA, CA 92701	CHAIR 1.00	0.	
JEFFREY RANDOLPH 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
JON STORBECK 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
LISA WEAVER 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
MARIA ELENA PERALES 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	
MIKE CAWLINA 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.	

MIKE SMITH 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
OLIVA LINDSAY 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
SR. EILEEN MCNERNEY 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
TARA COWELL 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
TIM BLETT 801 N. BROADWAY SANTA ANA, CA 92701	CHAIR 1.00	0.
VINCE MCGUINNESS, JR. 801 N. BROADWAY SANTA ANA, CA 92701	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		542,985.

CA 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
PROGRAM SUPPLIES & RELA		309,421.	
SPECIAL EVENTS		57,980.	
PRINTING & OFFICE SUPPL		30,940.	
OTHER EXPENSES		12,688.	
OTHER PROFESSIONAL FEES		343,254.	
ADVERTISING AND PROMOTION		279,074.	
INFORMATION TECHNOLOGY		22,459.	
INSURANCE		38,525.	
TOTAL TO FORM 199, PART II, LINE 17		1,094,341.	

CA 199	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER PUBLICLY TRADED SECURITIES	2,726,969.	3,087,592.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,726,969.	3,087,592.	

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	979,547.	1,552,299.	
PREPAID EXPENSES AND DEFERRED CHARGES	6,500.	0.	
HOPE BUILDERS CAREER CONNECTIONS	1,608,355.	1,729,802.	
PROPERTIES HELD FOR RESALE	8,000.	8,000.	
PREPAID EXPENSES	48,449.	31,281.	
DEPOSITS	16,100.	16,000.	
ROU ASSETS	372,483.	251,093.	
UNBILLED REVENUE	0.	83,142.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	3,039,434.	3,671,617.	

CA 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID RENT	13,195.	775.	
ROU LEASE LIABILITY	378,370.	258,898.	
DEFERRED REVENUE	0.	39,868.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	391,565.	299,541.	

2023

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN ** - ***6355

Corporation name

California corporation number

TALLER SAN JOSE HOPE BUILDERS

2799610

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7 Listed property (elected IRC Section 179 cost)		7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7		8	
9 Tentative deduction. Enter the smaller of line 5 or line 8		9	
10 Carryover of disallowed deduction from prior taxable years		10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12		13	

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	8	2,685,403.	1,694,481.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	79,934

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)		16	79,934
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22		17	79,934
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)		18	0

Part IV Amortization

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

CA 3885		DEPRECIATION				STATEMENT		8
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS	
1 BUILDING, 801 N. BROADWAY	06/25/01	52,600.	18,434.	SL	39.00	1,349.		
2 LAND 801 N. BROADWAY	06/25/01	62,883.		L		0.		
3 BUILDING, 810 N. POINSETTIA	01/04/02	781,682.	464,362.	SL	39.00	20,043.		
4 LAND, 810 N. POINSETTIA	01/04/02	168,418.		L		0.		
5 IMPROVMENTS 801 N BDWY	06/30/97	33,453.	33,453.	SL	15.00	0.		
6 IMPROVMENTS 801 N BDWY	06/30/98	69,509.	69,509.	SL	15.00	0.		
7 IMPROVMENTS 801 N BDWY	06/30/99	160,791.	160,791.	SL	15.00	0.		
8 EXTERIOR LIGHTING	11/30/99	360.	360.	SL	15.00	0.		
9 ENTRY DOORS	04/19/00	1,411.	1,411.	SL	15.00	0.		
10 A.C IMPROVEMENTS	04/19/00	645.	645.	SL	5.00	0.		
11 IMPROVMENTS 801 N BDWY	08/31/00	9,904.	5,806.	SL	39.00	254.		
12 ELECTRICAL UPGRADE	09/22/04	7,310.	7,310.	SL	15.00	0.		
13 EXTERIOR PAINT	09/20/04	11,000.	11,000.	SL	5.00	0.		
14 MONUMENT SIGN	03/05/05	4,435.	4,435.	SL	15.00	0.		
15 BALANCE OF ELECTRICAL WORK	12/15/04	3,014.	3,014.	SL	15.00	0.		
16 TILE WORK ON OUTSIDE STEPS	01/30/07	1,020.	1,020.	SL	15.00	0.		
17 PICNIC TABLES	03/14/08	4,530.	4,526.	SL	15.00	0.		
18 PARKING LOT RESURFACE	12/31/12	2,400.	2,400.	SL	5.00	0.		
19 CARPET INSTALLATION	07/01/13	3,000.	3,000.	SL	10.00	0.		
20 CARPET FOR BROADWAY	07/01/13	17,098.	17,087.	SL	10.00	0.		
21 BALANCE OF CARPET INSTALLATION	07/06/13	3,568.	3,568.	SL	10.00	0.		
22 NEW A/C UNIT	11/01/14	8,955.	6,462.	SL	12.00	746.		
23 NEW ROOF	09/01/16	13,160.	4,518.	SL	20.00	658.		

24	NEW ROOF, MOBILIZATION, LOGISTICS, BID COLLECTION, MEETINGS					
	09/30/16	2,899.	977.	SL	20.00	145.
25	VINYL FLOORING IN LARGE CLASSROOM AND 4 SMALLER ROOMS					
	07/31/16	6,769.	3,053.	SL	15.00	451.
26	CHANGE ORDER TO NEW VINYL FLOOR - MOVE FURNITURE BACK					
	09/30/16	900.	405.	SL	15.00	60.
27	HVAC UNIT - 7.5 TON PACKAGE UNIT #1 FOR 2ND FLOOR - INCLUDES THERMOS					
	01/03/19	13,075.	3,924.	SL	15.00	872.
28	HVAC UNIT - 7.5 TON PACKAGE - UNIT #2 FOR 1ST FLOOR					
	03/01/19	11,094.	3,207.	SL	15.00	740.
29	CONDENSING UNIT					
	01/03/19	3,673.	1,102.	SL	15.00	245.
30	FUSED GLASS PANEL WINDOWS AT 801					
	03/21/19	36,100.	10,230.	SL	15.00	2,407.
31	IRON FENCING					
	03/31/19	8,540.	2,418.	SL	15.00	569.
32	IMPRVM'TS 810 N. POINSETTIA					
	06/30/03	33,152.	17,005.	SL	39.00	850.
33	CLASSROOM PROJECT COST/FINISHED 1/1/04					
	01/01/04	45,565.	22,772.	SL	39.00	1,168.
35	AIR CONDITIONING					
	10/04/04	3,645.	3,639.	SL	15.00	0.
36	SOLAR PLOT PLAN					
	01/01/16	300.	158.	SL	15.00	20.
37	ROOF MOUNTED PV SOLAR DESIGN					
	01/01/16	1,000.	512.	SL	15.00	67.
38	PLANNING, PERMITS & FEES					
	01/01/16	1,451.	725.	SL	15.00	97.
39	ROOF SOLAR PROJECT					
	01/01/16	54,610.	15,089.	SL	15.00	3,641.
40	EPOXY FLOORS AT 810					
	11/01/15	3,878.	3,019.	SL	15.00	259.
41	NEW AC COMPRESSOR AND COIL REPLACEMENT					
	01/01/17	4,752.	2,053.	SL	15.00	317.
42	EXTERIOR BUILDING LIGHTING FOR 801					
	07/01/18	1,277.	340.	SL	15.00	85.
43	BAY ALARM EQUIPMENT INSTALL					
	06/15/19	1,226.	335.	SL	15.00	82.
44	FEZ IMPRVM'TS 810 N POINSETTIA					
	04/29/02	2,285.	2,285.	SL	15.00	0.
45	FEZ IMPRVM'TS 810 N POINSETTIA					
	06/30/03	56,691.	41,174.	SL	39.00	1,454.
46	I-K RENOVATION, 801 BDWY					
	06/30/97	29,500.	27,260.	SL	5.00	0.
47	SIDEWALK REPLACEMENT					
	01/31/07	9,630.	4,084.	SL	39.00	247.
48	PAD FOR PICNIC TABLES					
	03/01/08	5,000.	2,058.	SL	39.00	128.
49	SPACE PLANNING & BLDG DRAWINGS-ANAHEIM					
	04/01/16	5,300.	2,549.	SL	15.00	353.
50	CUP AND BUILDING PERMITS - ANAHEIM					
	04/01/16	5,572.	2,692.	SL	15.00	371.
51	MOBILIZATION & MATERIALS - ANAHEIM					
	04/01/16	7,000.	3,388.	SL	15.00	467.

52	TENANT IMPROVEMENTS - ANAHEIM					
	04/01/16	24,816.	11,996.	SL	15.00	1,654.
53	BLUEPRINTS - ANAHEIM					
	04/01/16	153.	77.	SL	15.00	10.
54	CITY PERMIT FEES - ANAHEIM					
	04/01/16	1,297.	620.	SL	15.00	86.
55	TENANT IMPROVEMENTS - ANAHEIM					
	04/01/16	20,000.	9,662.	SL	15.00	1,333.
56	TI ON NEW ANAHEIM LOCATION					
	04/01/16	30,000.	14,508.	SL	15.00	2,000.
57	TI ON NEW ANAHEIM LOCATION					
	04/01/16	35,000.	16,904.	SL	15.00	2,333.
58	SIGNAGE FOR ANAHEIM SITE					
	04/01/16	8,734.	4,232.	SL	15.00	582.
59	HARDWARE/ NETWORK CABLE RUN FOR 100 HARBOR BLVD					
	04/01/16	10,259.	4,959.	SL	15.00	684.
60	TI ON NEW ANAHEIM LOCATION					
	04/01/16	15,000.	7,242.	SL	15.00	1,000.
61	TI IMPROVEMENT REIMBURSEMENT					
	06/30/16	0.		SL	15.00	0.
62	TI ON NEW ANAHEIM LOCATION					
	06/30/16	28,528.	13,302.	SL	15.00	1,902.
63	TI ON NEW ANAHEIM LOCATION					
	06/30/16	1,940.	909.	SL	15.00	129.
64	REMOVAL AND INSTALLATION OF CEILING FAN AT 801					
	09/30/16	755.	334.	SL	15.00	50.
65	ABC CLASSROOM - BUILDING OUT NEW COUNTERTOP					
	10/31/16	1,700.	754.	SL	15.00	113.
66	INSTALLATION OF HVAC DAMPERS, THERMOSTATS 801					
	01/01/17	2,870.	1,243.	SL	15.00	191.
71	NEW SERVERS - HARDWARE					
	03/01/13	26,256.	26,256.	SL	5.00	0.
72	NEW SERVERS - HARDWARE					
	03/01/13	21,785.	21,785.	SL	5.00	0.
73	NEW SERVERS - HARDWARE					
	03/01/13	5,241.	5,241.	SL	5.00	0.
74	SHORETEL SERVER UPGRADE - PROJECT CHANGE ORDER					
	04/01/13	327.	327.	SL	5.00	0.
75	NEW BW PHONE SERVER & DISKS					
	04/01/13	2,262.	2,262.	SL	5.00	0.
76	VOICEMAIL SERVER UPGRADE					
	04/01/13	2,399.	2,399.	SL	5.00	0.
77	RACK REBUILD					
	04/01/13	936.	936.	SL	5.00	0.
78	NEW SERVER - INSTALLATION					
	04/01/13	2,976.	2,976.	SL	5.00	0.
79	UPDATE SHORETEL SYSTEM TO V12.3					
	07/01/13	1,148.	1,148.	SL	5.00	0.
80	EXTRA SITE LICENSE					
	09/01/13	696.	696.	SL	5.00	0.
81	DESKTOPS & WIRELESS PROJECT					
	12/01/13	40,118.	39,450.	SL	5.00	0.
82	DESKTOPS & WIRELESS PROJECT					
	12/01/13	5,525.	5,433.	SL	5.00	0.

83	DESKTOPS & WIRELESS PROJECT					
	12/01/13	14,459.	14,218.	SL	5.00	0.
84	HP SAS 600 INTERNAL HARD DRIVE					
	08/01/14	1,102.	1,102.	SL	5.00	0.
85	NETWORK MOVE					
	12/01/14	3,584.	3,584.	SL	5.00	0.
86	ANAHEIM SERVER					
	04/01/16	9,448.	9,448.	SL	5.00	0.
87	ANAHEIM VOICEMAIL SERVER					
	04/01/16	451.	451.	SL	5.00	0.
88	ANAHEIM SERVER					
	04/01/16	2,802.	2,802.	SL	5.00	0.
89	25 LENOVO LAPTOPS FOR ANAHEIM					
	11/01/15	18,627.	18,627.	SL	5.00	0.
90	3 LENOVO THINKPAD YOGA LAPTOPS					
	12/01/15	2,490.	2,283.	SL	5.00	0.
91	VOICEMAIL SERVER - 1600 MOVED TO 801 2018					
	05/01/17	1,706.	1,706.	SL	5.00	0.
92	BATTERY BACKUP					
	07/01/17	875.	875.	SL	5.00	0.
93	NEW 801 SERVER (AFINITY INSTALLED ON 12/03/2018)					
	12/03/18	11,413.	10,464.	SL	5.00	949.
94	NEW 801 HP 2620-48-POE LAYER 3 SWITCH					
	12/03/18	2,320.	2,127.	SL	5.00	193.
95	LATERAL FILE					
	05/10/00	366.	366.	SL	5.00	0.
96	3 4-DRWR FILING CABINETS					
	08/21/00	547.	547.	SL	5.00	0.
97	DESK CHAIRS/ARMCHAIRS					
	09/06/00	509.	509.	SL	5.00	0.
98	SAFE					
	10/25/00	236.	236.	SL	5.00	0.
99	DESK/BOOKCASE					
	02/28/01	669.	669.	SL	5.00	0.
100	24 PORT SWITCH FOR PHONE SYSTEM					
	04/11/07	1,072.	1,072.	SL	5.00	0.
101	DEPOSIT ON PHONE SYSTEM					
	04/23/07	10,000.	10,000.	SL	5.00	0.
102	ROUTER UPGRADES, ETC FOR PHONES					
	05/11/07	2,677.	2,677.	SL	5.00	0.
103	LINE RESEARCH, CABLES FOR PHONE SYSTEM					
	05/18/07	1,161.	1,161.	SL	5.00	0.
104	BALANCE OF PHONE SYSTEM					
	06/07/07	12,872.	12,872.	SL	5.00	0.
105	EXTRA PHONE EXTENSION					
	07/12/07	536.	536.	SL	5.00	0.
106	UPGRADE ROUTERS FOR T-1					
	08/30/07	2,217.	2,217.	SL	5.00	0.
107	PHONE SYSTEM FOR 820 POINSETTIA					
	10/24/07	6,955.	6,955.	SL	5.00	0.
108	FURNITURE AT 820 BUILDING					
	10/31/07	3,000.	3,000.	SL	5.00	0.
109	FURNITURE AT 820 BUILDING					
	10/31/07	1,000.	1,000.	SL	5.00	0.

110	RESCUITATION DUMMY					
	03/02/10	4,090.	4,090.	SL	5.00	0.
111	STUDENT TABLES FOR CLASSROOM 2					
	04/06/10	4,868.	4,868.	SL	5.00	0.
112	NEW EXTENSIONS AND LICENSES					
	09/01/13	3,531.	3,531.	SL	5.00	0.
113	TRAINING TABLE FOR CONFERENCE ROOM					
	08/01/14	3,137.	3,130.	SL	5.00	0.
114	SMARTTV FOR 801 CONFERENCE ROOM - TO ANAHEIM 2018					
	03/01/15	2,800.	2,800.	SL	5.00	0.
115	DEPOSIT ON PHONE EQUIPMENT - ANAHEIM					
	04/01/16	4,519.	4,519.	SL	5.00	0.
116	801 RECEPTION AREA WORKSTATION					
	12/01/15	3,840.	3,840.	SL	5.00	0.
117	FURNITURE FOR 801 2ND FLOOR CAREER OFFICES					
	12/01/15	2,413.	2,413.	SL	5.00	0.
118	MEDICAL/CLASSROOM/OFFICE - FURN. & EQUIP					
	04/01/16	20,500.	20,500.	SL	5.00	0.
119	FIXTURE-DONOR WALL AT 801 N. HARBOR					
	04/30/16	25,592.	25,592.	SL	5.00	0.
120	BLINDS FOR 100 HARBOR					
	09/30/16	2,919.	2,919.	SL	5.00	0.
122	XEROX WORKCENTRE 5955 COPIER FOR ANAHEIM OFFICE					
	02/11/19	5,926.	5,234.	SL	5.00	692.
123	CABINETS AND SUPPLIES FOR MCA					
	03/01/08	37,500.	37,500.	SL	10.00	0.
124	SIMPSON HARDWARE AND TOOLS					
	06/06/12	2,000.	2,000.	SL	5.00	0.
125	CHAIRS					
	08/01/14	2,500.	2,467.	SL	5.00	0.
126	TWO FREEZERS					
	08/01/14	2,000.	1,958.	SL	5.00	0.
127	CUBICLES AT 1600 - KEPT 2 CUBICLES AT 801					
	09/01/14	2,000.	1,966.	SL	5.00	0.
128	LOCKERS - WORD & BROWN					
	09/01/14	1,500.	1,475.	SL	5.00	0.
131	10 WOOD AND CLOTH CUBICLES					
	06/30/18	7,500.	7,500.	SL	5.00	0.
132	SJW - SLIDING TABLE					
	06/13/00	703.	703.	SL	5.00	0.
133	SJW - VACUMN					
	06/30/00	149.	149.	SL	5.00	0.
134	TECH STORAGE UNIT					
	04/11/02	2,990.	2,990.	SL	5.00	0.
135	TECH SECURITY SYSTEM					
	03/12/03	6,626.	6,626.	SL	5.00	0.
136	CHAIRS & TABLES					
	02/09/04	5,309.	5,309.	SL	5.00	0.
137	CHAIRS & TABLES					
	03/03/04	706.	706.	SL	5.00	0.
138	CHAIRS & TABLES					
	03/03/04	5,478.	5,478.	SL	5.00	0.
139	GREEN JOBS SETUP					
	08/11/06	34,000.	34,000.	SL	5.00	0.

140	POINSETTIA OFFICE AREA WORKSTATION					
	12/01/15	4,681.	4,681.	SL	5.00	0.
141	QTY 4 COMPOUND MITER SAWS WITH STANDS					
	07/06/17	3,461.	3,461.	SL	5.00	0.
142	WHEELER REX: TREADING MACHINE SIDEKICK III					
	07/01/19	1,709.	1,368.	SL	5.00	341.
143	BLACKBAUD SFTWR					
	07/21/00	2,152.	2,152.	SL	5.00	0.
144	TSJ RAISERS EDGE SFTWR					
	08/28/02	1,598.	1,598.	SL	5.00	0.
145	QUICKBOOKS ENTERPRISE EDITION					
	12/19/07	2,775.	2,775.	SL	5.00	0.
146	IN DEMAND - OCA TESTING					
	07/02/08	1,141.	1,141.	SL	5.00	0.
147	IN DEMAND - OCA TESTING OFFICE 2007					
	03/23/10	1,725.	1,725.	SL	5.00	0.
148	COMMUNITY TECHKNOWLEDGE/ APRICOT					
	03/01/14	23,854.	23,854.	SL	5.00	0.
149	AFINETY - OFFICE 365					
	08/01/14	7,000.	7,000.	SL	5.00	0.
150	AFINETY - OFFICE 365					
	12/01/14	3,052.	3,052.	SL	5.00	0.
152	WELLS FARGO COPIER LEASE					
	06/30/18	70,547.	70,547.	SL	5.00	0.
153	GMC TRUCK - BOX TRUCK					
	07/31/99	18,421.	18,422.	SL	5.00	0.
156	CHROMEBOOK LAPTOPS					
	08/01/20	15,312.	8,931.	SL	5.00	3,062.
157	EQUIPMENT					
	02/29/20	2,328.	1,553.	SL	5.00	466.
158	DONATED COMPUTERS, PROJECTORS, MONITORS, SWITCHES - RESTRICTED TO CL					
	08/31/17	2,039.	1,608.	SL	5.00	0.
159	15 LENOVO THINKPAD E15 15.6"					
	09/01/20	11,662.	6,608.	SL	5.00	2,332.
160	50 ACER CHROMEBOOKS 15.6"					
	01/01/21	19,214.	9,607.	SL	5.00	3,843.
161	APPLE 13-INCH MACBOOK PRO - SPACE GRAY					
	07/01/21	1,653.	662.	SL	5.00	331.
162	40 DELL LATITUDE 3520 INTEL CORE I5-1135G7					
	10/01/21	56,594.	19,808.	SL	5.00	11,319.
163	801 PARKING LOT SEALS					
	10/31/21	1,452.	162.	SL	15.00	97.
164	ACCESS CONTROL SYSTEMS AND SMART UPS					
	07/01/22	6,000.	400.	SL	15.00	400.
165	PROXIMITY CARD PRINTER					
	07/01/22	2,024.	135.	SL	15.00	135.
166	ACCESS CONTROL SYSTEMS AND SMART UPS					
	07/01/22	8,019.	535.	SL	15.00	535.
167	ACCESS CONTROL SYSTEMS AND SMART UPS					
	07/01/22	8,580.	572.	SL	15.00	572.
168	CAMERAS AND INTERCOM					
	09/01/22	3,087.	515.	SL	5.00	617.
169	CAMERAS AND INTERCOM					
	09/01/22	2,381.	397.	SL	5.00	476.

170	CAMERAS AND INTERCOM					
	09/01/22	1,379.	230.	SL	5.00	276.
171	6 DELL LATITUDE 3540 LAPTOPS					
	08/14/23	9,994.		SL	5.00	1,832.
172	25 QTY ACER CHROMEBOOK LAPTOPS: 25 QTY CARRYING CASES, 25 QTY GOOGLE					
	01/01/24	10,498.		SL	5.00	1,050.
173	6 DELL LATITUDE 3540 LAPTOPS					
	04/29/24	6,130.		SL	5.00	204.
TOTAL TO FORM 3885		<u>2,685,403.</u>	<u>1,694,481.</u>		<u>79,934.</u>	

COPY

TAXABLE YEAR

2023**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

Identifying number

TALLER SAN JOSE HOPE BUILDERS**** - ***6355****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	5,056,217
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	5,056,217
3	Total expenses and disbursements (Form 199, line 9)	3	5,401,382
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

- 6** ☐ Direct Deposit of refund (Form 109 only.)
- 7** ☐ Electronic funds withdrawal **7a** Amount **7b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

- 10** Routing number _____
- 11** Account number _____ **12** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of officer

Date

**CONTROLLER**

Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00965403
Must Sign	Firm's name (or yours if self-employed) and address	RJI INTERNATIONAL CPAS 18012 SKY PARK CIRCLE, SUITE 200 IRVINE, CA			Firm's FEIN ** - ***3262
					ZIP code 92614

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

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

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

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

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

TALLER SAN JOSE HOPE BUILDERS

Name of Organization

List all DBAs and names the organization uses or has used

801 N. BROADWAY

Address (Number and Street)

SANTA ANA, CA 92701

City or Town, State, and ZIP Code

714-543-5105

Telephone Number

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report
☐ Organization requests email notifications

State Charity Registration Number **131974**

Corporation or Organization No. _____

Federal Employer ID No. **** - ***6355**

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

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning **07/01/2023** ending **06/30/2024**) list:

Total Revenue (including noncash contributions) \$ **5,056,217** Noncash Contributions \$ **17,000** Total Assets \$ **8,516,472**
Program Expenses \$ **3,765,228** Total Expenses \$ **5,401,384**

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

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

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

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

ZAJID COVA

CONTROLLER

Signature of Authorized Agent

Printed Name

Title

Date

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

CITY OF ANAHEIM - WORKFORCE INNOVATION OPPORTUNITY ACT - YOUTH PROGRAM
CONTRACT #2021-WIOA-120A
CHRIS HOANG
WD ANALYST
714-765-4343
CTHOANG@ANAHEIM.NET

CITY OF SANTA ANA
COMMUNITY DEVELOPMENT AGENCY
CONTRACT# CDBG-A-2022-092-24
BRENDA VEGA
COMMUNITY DEVELOPMENT ANALYST
714-647-6561
BVEGA@SANTA-ANA.ORG

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

CALIFORNIA OFFICE OF EMERGENCY SERVICES (CAL OES) GRANT
TUYEN NGUYEN
PROGRAM REPRESENTATIVE
TUYEN.NGUYEN@CALOES.CA.GOV

CITY OF ANAHEIM
HOUSING & COMMUNITY DEVELOPMENT
CONTRACT# CDBG-ANA-2022
ERIC CHAVIRA
PROJECT MANAGER
714.765.4318
ECHAVIRA@ANAHEIM.NET

CITY OF ANAHEIM
ANAHEIM WORKFORCE CONNECTION
CONTRACT #: CALIFORNIANSFORALL YOUTH JOB CORPS:2021-CYWDP-120A-MACC
BLANCA REYES
WORKFORCE DEVELOPMENT STAFF ANALYST
714.765.4312
BREYES@ANAHEIM.NET