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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

| A Fo | r the : | 2008 са | lendar yea | r, or tax year begini | | and ending 06-30-2 | 009 | | | | |
|--------------------------------|--------------------|--|--|--|----------------------|---|----------------|--------------|-----------------------------------|--|--|
| B Ch | eck ıf a | pplicable | Please | C Name of organization Taller San Jose | n | | | | D Employer id | dentification number | |
| Address change use IRS | | | | | | | 59-38163 | | | | |
| Name change print or print or | | | | | | E Telephone number | | | | | |
| ┌ Inr | tial retu | rn | type. See Specific | Number and street (| or PO box if mail is | not delivered to street ad- | dress) Room | n/suite | (714) 543 | | |
| Гте | mınatıc | on | Instruc- tions. | 801 N Broadway | | | | , | G Gross recei | pts \$ 2,302,774 | |
| ┌ Am | ended | return | | City or town, state o | r country, and ZIP + | 4 | | | | | |
| ☐ Ap | olication | pending | | Santa Ana, CA 9270 | 1 | | | | | | |
| | | | F Nan | L ne and address of P | rincinal Officer | | 11/-> | | | | |
| | | | | d Schneider | illicipal Officer | | l l | Is this | s a group retur tes? | The for Yes ▼ No | |
| | | | | Broadway Ana,CA 92701 | | | | | | | |
| ——— Та | x-exem | npt status | | (3) ◀ (insert no) | | | | | affiliates inclu | | |
| | | <u> </u> | | | | | H(c) | | o," attach a lis p Exemption N | st See instructions) | |
| א נ | ed sit | e: F www | w tallersanj | ose org | | | n(c) | Ciou | p Exemption it | differ P | |
| К Тур | e of org | janization | Corporat | ion trust associati | on other ► | | L Yea | r of For | mation 2005 | M State of legal domicile CA | |
| | | | | | | | | | · | | |
| Pa | rt I | Sumi | mary | | | | | | | | |
| | 1 | Briefly | describe th | e organization's mis | sion or most sig | nıfıcant actıvıtıes | | | | | |
| ዎ | | To walk | wounded y | oung people out of | poverty by offeri | ng the hope of a produ | ctive and | self re | lıant future | | |
| ĕ | | | | | | | | | | | |
| Governance | _ | | – | | | | | | - · · · | | |
| λOK | | | , | | | operations or dispose | | | | | |
| | 3 | | | | | | | | <u> </u> | | |
| Activities & | 4 | | | | | | 10) | • | . 4 | | |
| 乬 | 5 6 | | | nployees (Part V , lır ·lunteers (estımate | | | | | 5 | <u>196</u> | |
| ACT | | | | · | | | | | 7a | 0 | |
| • | | | Total gross unrelated business revenue from Part VIII, line 12, column (C) . Net unrelated business taxable income from Form 990-T, line 34 | | | • • | | 7a 7b | | | |
| | | | | | | Prio | r Year | Current Year | | | |
| | 8 Contributions an | | | d grants (Part VIII, | line 1h) | | | | 1,898,062 | 1,774,358 | |
| ĕ | 9 | | gram service revenue (Part VIII, line 2g) | | | | | 10,675 | 19,092 | | |
| Revenue | 10 | Invest | | | | | | -56,869 | 27,658 | | |
| ά | 11 | Other | revenue (P | art VIII, column (A |), lines 5, 6d, 8c | , 9c, 10c, and 11e) | | | 567,743 | 323,909 | |
| | 12 | | revenue—a | dd lines 8 through 1 | 1 (must equal P | art VIII, column (A), | line | | 2,419,921 | 2,145,017 | |
| | 13 | 12) Grants | and simila | ar amounts paid (Pa | rt IX. column (A |) lines 1 – 3) | | | 747,887 | 298,091 | |
| | | | | o or for members (Part IX, column (A), line 4) | | | | 7 17,007 | 0 | | |
| | 15 | | • | - | | rt IX, column (A), line | s 5- | | | | |
| \$ | | 10) | | | | | | 1,452,699 | 1,409,271 | | |
| Expenses | 16a | Profes | sional fund | raising fees (Part I) | X, column (A), lır | ie 11e) | | | | 12,710 | |
| ਡੋ | Ь | b (Total fundraising expenses, Part IX, column (D), line 25 288,249 | | | | | | | | | |
| | 17 | Other | expenses (| Part IX, column (A) |), lınes 11a–11d | , 11f-24f) | | | 600,029 | 541,266 | |
| | 18 | | | | | X, line 25, column (A) |)) | | 2,800,615 -380,694 | 2,261,338 | |
| <u></u> | 19 | Reven | ue less exp | expenses Subtract line 18 from line 12 | | | | | -116,321 | | |
| 8 9 8 8 | | | | | В | eginni | ng of Year | End of Year | | | |
| Net Assets or Fund Balances | 20 | | | t X, line 16) | | | | | 3,584,267 | 3,308,101 | |
| A B | 21 | Totall | ıabılıtıes (F | Part X, line 26) | | | | | 392,648 | 374,179 | |
| | 22 | Net as | sets or fun | d balances Subtrac | t line 21 from lir | ne 20 | | | 3,191,619 | 2,933,922 | |
| Pa | rt II | | ature Blo | | | | | | | | |
| | | | | | | eturn, including accompany er (other than officer) is ba | | | | the best of my knowledge arer has any knowledge | |
| Plea | se | **** | *** | | | | | 2010- | 04-28 | | |
| Sign | | Sign | ature of office | er | | | | Date | | | |
| Her | е | | cy E Loughrey | | | | | | | | |
| | | Туре | or print nam | e and title | | | 1 | | | | |
| | | Preparer | | | | Date | Check if self- | | Preparer's PTIN | l (See Gen Inst) | |
| Paid | | signature | * y * | | | | empolyed | ۲, | | | |
| | arer's | | ame (or yours | 5 | | | | | EIN ▶ | | |
| Use | Unly | | and ZIP + 4 | r — | | | | | | | |
| | | <u></u> | | | | | | | Phone no 🕨 | | |
| May | the IR | S discus | s this retu | rn with the preparer | shown above? (| See instructions) . | | | | ┌ Yes ┌ No | |

Part III Statement of Program Service Accomplishments (See the instructions.)

| 2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-627 | 1 | Briefly describe the organization's mission To walk wounded young people out of poverty | by offering the hope of a | productive and self reliant | future | |
|---|----|---|--|---|---|--|
| the prior Form 990 or 990-E2? If "Yes," describe these enew services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services? If "Yes," describe these changes on Schedule O A Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(3) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (50) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | | | | |
| 3 Did the organization cease conducting or make significant changes in how it conducts any program services by services? If "Yes," describe these changes on Schedule 0 Describe the exempt purpose a chievements for each of the organizations is three largest program services by expenses Section 501c(3)3 and (4) organizations and 4947(a)(1) trusts 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 \$ 682,351 mouting grants of \$ 10,284) (Revenue \$ 61,569) Talled san Jogs waste undescribed. Talled san Jogs waste undescri | 2 | the prior Form 990 or 990-EZ? | | vices during the year | which were not listed on | 「Yes ▼ No |
| Section 501 (c)(3) and (4) organizations and 4947 (a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 69,254 including grants of \$ 130,244) (Revenue \$ 6,559) tale family and job training program continued to the program service of process and attackpoint continued and continued and continued to the program service of process through a comprehense and attackpoint season detector and job training program. Continued to titled to the program service of process through a comprehense and attackpoint season detector and job training program. Continued to titled to the program service of process through a comprehense and attackpoint season detector and individual continued to the program service of the program service of process of the program service of the program service of the program service of process of program services of the program services of program services of the pro | 3 | Did the organization cease conducting services? | g or make significant (| changes in how it cond | ducts any program | ┌ Yes ┌ No |
| lailer San Jose walks undenducated, unskilled, and unemployed youth, ages 18-28, out of poverty through a competensive and strategically designed education and jub training program Construction (Euclasine houses on pregnang young adults to enter the construction and building maintenance fields.) Succerd services focus on helping interns to mitigate any employment barness they may have, and employment services tocuses on assisting them in obtaining meaningful employment to mitigate any employment barness they may have, and employment services tocuses on assisting them in obtaining meaningful employment to mitigate any employment barness they may have, and employment services tocuses on assisting them in obtaining meaningful employment to mitigate any employment barness they may have, and employment across focuses on assisting them in obtaining meaningful employment to mitigate any employment barness they may have, and employment across focuses on assisting them in obtaining meaningful employment of the control of the program services focus on helping interns to mitigate any employment barness they may have, and employment across focuses on assisting them in obtaining meaningful employment of the program services focuses on assisting them in obtaining meaningful employment across focus on helping interns to mitigate any employment services focus on helping interns to mitigate any employment services focus on helping interns to mitigate any employment services focuses on assisting them in obtaining meaningful employment. 4c | 4 | Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio | ments for each of the ns and 4947(a)(1) tr | usts are required to re | port the amount of grants | |
| Medical Career Academy focuses on prepaning young adults both clinical and administrative medical assisting. In sixteen weeks of intensive full time training, plus weeks on extensible, intensible and employment services focuses on assisting them in obtaining meaningful employment to mitigate any employment barriers they may have, and employment services focuses on assisting them in obtaining meaningful employment employment. 4c (Code) (Expenses \$ 567,911 including grants of \$ 92,853) (Revenue \$) Office Careers Academy focuses on prepaning young adults to enter the clencal and administration fields. In sixteen weeks of intensive full time training, interns acquire the work and life skills to obtain a better than minimum wage job in their field. Student services focus on helping interns to mitigate any employment barriers they may have, and employment services focuses on assisting them in obtaining meaningful employment. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | 4a | Taller San Jose walks undereducated, unskill and Job training program Construction Educa intensive full time training, interns acquire th | ed, and unemployed youtl ation focuses on preparing e work and life skills to ob | n, ages 18-28, out of pove young adults to enter the tain a better than minimur | erty through a comprehensive an construction and building mainte n wage job in their field Studen | d strategically designed education nance fields. In sixteen weeks of t services focus on helping interns |
| Medical Career Academy focuses on prepaning young adults both clinical and administrative medical assisting. In sixteen weeks of intensive full time training, plus weeks on extensible, intensible and employment services focuses on assisting them in obtaining meaningful employment to mitigate any employment barriers they may have, and employment services focuses on assisting them in obtaining meaningful employment employment. 4c (Code) (Expenses \$ 567,911 including grants of \$ 92,853) (Revenue \$) Office Careers Academy focuses on prepaning young adults to enter the clencal and administration fields. In sixteen weeks of intensive full time training, interns acquire the work and life skills to obtain a better than minimum wage job in their field. Student services focus on helping interns to mitigate any employment barriers they may have, and employment services focuses on assisting them in obtaining meaningful employment. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | |
| Office Careers Academy focuses on preparing young adults to enter the clencal and administration fields. In sixteen weeks of intensive full time training, interns acquire the work and life skills to obtain a better than minimum wage job in their field. Student services focus on helping interns to mitigate any employment barriers they may have, and employment services focuses on assisting them in obtaining meaningful employment. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | 4b | Medical Career Academy focuses on preparing weeks on externship, interns acquire the wo | ig young adults both clinica rk and life skills to obtain a | al and administrative media better than minimum wa | cal assisting In sixteen weeks of ge job in their field Student serv | f intensive full time training, plus 4 vices focus on helping interns to |
| Office Careers Academy focuses on preparing young adults to enter the clencal and administration fields. In sixteen weeks of intensive full time training, interns acquire the work and life skills to obtain a better than minimum wage job in their field. Student services focus on helping interns to mitigate any employment barriers they may have, and employment services focuses on assisting them in obtaining meaningful employment. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | |
| Office Careers Academy focuses on preparing young adults to enter the clencal and administration fields. In sixteen weeks of intensive full time training, interns acquire the work and life skills to obtain a better than minimum wage job in their field. Student services focus on helping interns to mitigate any employment barriers they may have, and employment services focuses on assisting them in obtaining meaningful employment. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | 4c | Office Careers Academy focuses on preparing acquire the work and life skills to obtain a be | g young adults to enter the | e clencal and administration pob in their field Student s | n fields. In sixteen weeks of inte ervices focus on helping interns | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | |
| | 4d | | · | |) (Ravanus ¢ | |
| | 4e | | | | · · · · · · · · · · · · · · · · · · · | , |

| art IV | Checklist of | Required | Schedules |
|--------|--------------|----------|-----------|
|--------|--------------|----------|-----------|

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Νο |
| 5 | Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | Νο |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . | 12 | Yes | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | N o |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νo |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νο |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | Νο |
| 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 questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νο |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νο |
| 25a | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | N o |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part IV Checklist of Required Schedules (Continued)

| | | | Yes | No |
|----|---|-----|-----|----|
| 8 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | No |
| Ь | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. | 28c | | No |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏 | 29 | Yes | |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 4 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 5 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | Yes | |
| 6 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | , age s |
|-----|--|-----|-----|----------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal | | | |
| | of U.S. Information Returns. Enter -0- if not applicable | | | |
| _ | 1a 214 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| _ | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 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 | | | |
| ь | If at least one is reported in 2a, did the organization file all required federal employment tax returns? | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | No |
| 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 | 4a | | N. |
| Ь | account)? | | | No |
| | If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Report of Foreign Bank and</i> | | | |
| | Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot . | 5a | | Νο |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | Νο |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | No |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | , | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| الم | file Form 8282? | 7c | | No |
| u | Thes, indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νο |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | Νο |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | 7h | | N o |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) | | | |
| | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | No |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | No |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | Νο |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | 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 | | | |
| 11 | Section 501(c)(12) organizations Enter | | | |
| а | Gross income from members or shareholders | | | |
| L | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| U | against amounts due or received from them) | | | |
| 12= | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | N o |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | ''' |
| _ | year 12b | | | |

2

Section A. Governing Body and Management

No

Νo

Νo

Νo

Yes

Yes

Yes

Yes

Yes

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances |
|--|
| processes, or changes in Schedule O. See instructions. |

| 1a | 19 |
|----|----|
| | |
| | 1a |

| b | Enter the number of voting members that are independent | 1b | 17 |
|---|--|--------|-----------------------|
| | Did any officer, director, trustee, or key employee have a family relationship or a bu | sıness | relationship with any |

| Did the organization delegate control over management duties customarily performed by or under the direct |
|---|
| supervision of officers, directors or trustees, or key employees to a management company or other person? |

| Did the organization make any significant changes to its organizational documents since the prior Form 990 wa |
|---|
| filed? |

| ; | Did the organization become aware during the year of a material diversion of the organization's assets? | |
|---|---|--|
| , | Does the organization have members or stockholders? | |

| J | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|------|------|----|-----|-----|-------|-----|-----|------|-------|-----|-----|-----|------|------|-----|----|------|------|------|-----|-----|----|-----|------|--------|
| Does the organiza | atio | n ha | ve | mer | nbe | rs, s | toc | kho | lder | rs, c | rot | her | per | sons | s wh | o m | ау | elec | t or | ne o | r m | ore | me | mbe | rs c | of the |
| governing body? | | | | | | | | | | | | | | | | • | | | | | | | | | | |

| Ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . |
|---|--|
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the |
| | year by the following |

| | Bid the organization contemporaneously document the meetings held of written detions undertaken during the | |
|---|--|--|
| | year by the following | |
| - | the governing hody? | |

| | - | _ | • | | | | | | | | | | | | | | |
|---|------------|--------|--------|--------|--------|--------|-------|----------|-------|-----------|-------|--|--|--|--|--|--|
| b | each comm | nittee | with | author | ity to | act on | behal | lf of th | e gov | erning | body? | | | | | | |
| | Does the o | raani | zatioi | have | local | chante | rs hr | anche | s or | affiliate | | | | | | | |

| | • | ' ' | • |
|---|---------------------------------|------------------------|---|
| b | If "Yes," does the organization | have written policies | and procedures governing the activities of such chapters, |
| | affiliates, and branches to ens | ure their operations a | are consistent with those of the organization? |

| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations |
|----|---|
| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 |

| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at |
|----|--|
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O |

| 8a | Yes | |
|----|-----|----|
| 8b | Yes | |
| 9a | | Νo |
| 9b | | No |
| 10 | Yes | |
| 11 | | No |
| | | |

Section B. Policies

| | | Yes | No |
|--|--|---|---|
| Does the organization have a written conflict of interest policy? If "No", go to line 13 | 12a | Yes | |
| Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| Does the organization have a written whistleblower policy? | 13 | Yes | |
| Does the organization have a written document retention and destruction policy? | 14 | | No |
| 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 | | | |
| The organization's CEO, Executive Director, or top management official? | 15a | Yes | |
| Other officers or key employees of the organization? | 15b | Yes | |
| Describe the process in Schedule O | | | |
| 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 | | No |
| If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | No |
| | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 ✓ own website another's website. ✓ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Nancy Loughrey 801 N Broadway Santa Ana, CA 92701 (714) 543-5105

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| The check this box in the organization and i | | Posit | (C |) chec | :k al | | | | (E) | (F) |
|--|--|-----------------------------------|-----------------------|-----------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Chrector | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | _ | | | |
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Part VII Continued

| | | | 1 | (tion that a | | | all | | | (E) | | (F) | |
|---------------|--|--|---|-----------------------|-------------|--------------------|------------------------------------|--------------------------|---|---|----|---|--------------------------------|
| | (A) Name and Title | (B) Average hours per week | Individual Trustae or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | or | Estima mount of compens from t ganizati relate organiza | other ation he on and |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 16 | Total | | | | | | | | 326,817 | 7 | + | | 39,804 |
| 2 | Total number of individuals (including | | a) who | | | | re thar | 1 \$ 1 | | e | | | |
| | compensation from the organization | ► 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former | officer, direc | | | | | | | | ated employee | | Yes | |
| 3 | on line 1a? If "Yes," complete Schedu | officer, dired | ındıvıdı | ıal . | | • | | • | | | 3 | Yes | No No |
| | on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization | officer, direc le J for such s the sum of | <i>individi</i> reporta | <i>ial</i> . ble c | omp | ens | ation | • and | other compensation | from the | | Yes | No |
| 4 | on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organizatio individual | officer, directive states of the sum of the | reporta nan \$15 | ble c 0,00 | omp 07 / | ens | ation /es," co | and ompi | other compensation lete Schedule J for su | n from the | 3 | Yes | |
| | on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization | officer, directle J for such sthe sum of the | reportanan \$15 | ble c 0,00 | omp 0? i | ens (f ") • | ation /es," cc • • m any | and ompi | other compensation lete Schedule J for su | n from the | | Yes | No |
| 4 5 | on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organizatio individual | officer, directle J for such as the sum of t | reportanan \$15 | ble c 0,00 | omp 0? i | ens (f ") • | ation /es," cc • • m any | and ompi | other compensation lete Schedule J for su | n from the | 4 | Yes | N o |
| 4 5 | on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organizatio individual | officer, directle J for such as the sum of t | reportanan \$15 ue comp | ble c 0,00 ensa | omp 0? i | ens f ") fro | ation Yes," co many erson | and ompi - unre | other compensation lete Schedule J for su | n from the | 4 | Yes | N o |
| 4 5 | on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organizatio individual | officer, directle J for such as the sum of t | reportanan \$15 ue comportanan secomportanan secomportana secompo | ble c 0,00 ensa | omp 0? i | ens f ") fro | ation Yes," co many erson | and ompi - unre | other compensation lete Schedule J for su | n from the och for services for services | 4 | | No No No |
| 4 5 | For any individual listed online 1a, is organization and related organization individual | officer, directle J for such the sum of the | reportanan \$15 ue comp Schedule | ble c 0,00 ensa | omp 0? i | ens f ") fro | ation Yes," co many erson | and ompi - unre | other compensation lete Schedule J for su | n from the | 4 | Yes (C Comper | No No |
| 4 5 | For any individual listed online 1a, is organization and related organization individual | officer, directle J for such as the sum of t | reportanan \$15 ue comp Schedule | ble c 0,00 ensa | omp 0? i | ens f ") fro | ation Yes," co many erson | and ompi - unre | other compensation lete Schedule J for su | from the och for services fe than | 4 | (c | No No |
| 4 5 | For any individual listed online 1a, is organization and related organization individual | officer, directle J for such as the sum of t | reportanan \$15 ue comp Schedule | ble c 0,00 ensa | omp 0? i | ens f ") fro | ation Yes," co many erson | and ompi - unre | other compensation lete Schedule J for su | from the och for services fe than | 4 | (c | No No |

Statement of Revenue

| | | | (A) | (B) | (C) | (D) |
|--|--------|--|---------------|----------------------------------|----------------------------------|---|
| | | | Total Revenue | Related or Exempt Function | Unrelated Business Revenue | Revenue Excluded from Tax under IRC |
| | 1a | Federated campaigns 1a | | Revenue | | 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | b | Membership dues | | | | |
| gra | c | Tb Fundraising events | | | | |
| ts, an | | 1c | | | | |
| <u> </u> | d | Related organizations | | | | |
| Sign Sign | e | | ,270 | | | |
| iệ jà | f | All other contributions, gifts, grants, and similar amounts not included above 1,530 | ,088 | | | |
| 를 판 등 판 | g | 1f Noncash contributions included in | | | | |
| and | | lines 1a-1f \$62,172 | | | | |
| | h | Total (Add lines 1a-1f) | 1,774,358 | | | |
| | | Business C | ode | | | |
| enu | 2a | Publications | 308 | 308 | | |
| æ | ь | Futuro Now | 18,784 | 18,784 | | |
| 66 | С. | | | | | |
| N. | d | | | | | |
| É | e | | | | | |
| Program Serwoe Revenue | f | All other program service revenue | | | | |
| Ğ | g | Total. Add lines 2a-2f | | | | |
| | 3 | Investment income (including dividends, intere | st | | | |
| | | other similar amounts) | 27,658 | 27,658 | | |
| | 4 | Income from investment of tax-exempt bond proceeds | - 1 | | | |
| | 5 | Royalties | 0 | | | |
| | | (ı) Real (ıı) Persoi | | | | |
| | 6a | Gross Rents 48,030 | | | | |
| | b | Less rental expenses | | | | |
| | С | Rental income 48,030 or (loss) | | | | |
| | d | Net rental income or (loss) | 48,030 | 48,030 | | |
| | | (ı) Securities (ıı) Othe | r | | | |
| | 7a | Gross amount from sales of | | | | |
| | | assets other than inventory | | | | |
| | b | Less cost or other basis and | | | | |
| | _ | sales expenses Gain or (loss) | | | | |
| | c d | Net gain or (loss) | 0 | | | |
| | | | • | | | |
| | 8a | Gross income from fundraising events (not including | | | | |
| ψ. | | \$\$ | | | | |
| 듔 | | of contributions reported on line 1c) See Part IV, line 18 | | | | |
| ě | | Attach Schedule G if total exceeds | | | | |
| <u>π</u> | ь | \$15,000 | 7,757 | | | |
| Other Revenue | c | Net income or (loss) from fundraising events | | 275,879 | | |
| 0 | 9a | Gross income from gaming | <u> </u> | | | |
| | | activities See part IV, line 19 | | | | |
| | | Complete Schedule G If total exceeds \$15,000 | | | | |
| | | а | | | | |
| | Ь | Less direct expensesb | | | | |
| | C | Net income or (loss) from gaming activities | ▶ | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | | | | |
| | ь | Less cost of goods sold b | | | | |
| | C | Net income or (loss) from sales of inventory . | .▶ 0 | | | |
| | | Miscellaneous Revenue Business C | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | С | | | | | |
| | d | All other revenue | | | | |
| | e | Total. Add lines 11a-11d | . \$ 0 | | | |
| | 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d | | 370,659 | | |
| | | 8c, 9c, 10c, and 11e | ▶ | | | |

Part IX Statement of Functional Expenses

| A | Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re | | | |). |
|----|--|-----------------------|---|---|---------------------------------------|
| 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 governments and organizations in the U.S. See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 298,091 | 298,091 | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 288,505 | 196,971 | 59,966 | 31,568 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 769,235 | 640,136 | | 107,969 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 34,654 | 25,635 | 3,196 | 5,823 |
| 9 | Other employee benefits | 234,604 | 183,987 | 16,007 | 34,610 |
| 10 | Payroll taxes | 82,273 | 60,859 | 7,588 | 13,826 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 0 | | | |
| c | Accounting | 10,575 | | 10,575 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 12,710 | | | 12,710 |
| f | Investment management fees | 0 | | | |
| g | Other | 53,127 | 53,127 | | |
| 12 | Advertising and promotion | 13,753 | | | 13,753 |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 47,709 | 32,298 | 4,152 | 11,259 |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 149,810 | 141,300 | 229 | 8,281 |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | 0 | | | |
| 19 | Conferences, conventions and meetings | 41,677 | 11,094 | 3,324 | 27,259 |
| 20 | Interest | 7,186 | | 7,186 | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 91,070 | 84,411 | 3,360 | 3,299 |
| 23 | Insurance | 7,747 | 400 | 7,347 | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | program supplies | 79,884 | 78,662 | 438 | 784 |
| b | Printing and Publications | 38,431 | 22,414 | 4,398 | 11,619 |
| С | donated services | -19,488 | -19,488 | | |
| d | | 19,785 | 3,491 | 10,805 | 5,489 |
| f | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 2,261,338 | 1,813,388 | 159,701 | 288,249 |
| 26 | Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Part X | Balance | Shoot |
|--------|---------|-------|
| | Balance | Sneer |

| | | | | | (A) Beginning of year | | (B) End of year |
|-------------|-------|---|----------------|----------------|--------------------------|-----|--------------------|
| | 1 | Cash—non-interest-bearing | | | 233,008 | 1 | 64,233 |
| | 2 | Savings and temporary cash investments | | | | 2 | 0 |
| | 3 | Pledges and grants receivable, net | | | 663,232 | 3 | 507,355 |
| | 4 | Accounts receivable, net | | | 56,065 | 4 | 64,043 |
| | 5 | Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L | | | 100,000 | 5 | 100,000 |
| | 6 | Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S | ction 4 | 958(f)(1)) and | | 6 | 0 |
| | 7 | Notes and loans receivable, net | | | | 7 | 0 |
| | 8 | Inventories for sale or use | | | 79,000 | 8 | 10,300 |
| 2 | 9 | Prepaid expenses and deferred charges | | | | 9 | 0 |
| Assets | 10a | Land, buildings, and equipment cost basis | _{10a} | 1,967,294 | | | |
| | Ь | Less accumulated depreciation Complete Part VI of Schedule D | 10b | 722,877 | 1,307,559 | 10c | 1,244,417 |
| | 11 | Investments—publicly traded securities | | | 1,036,851 | 11 | 947,121 |
| | 12 | Investments—other securities See Part IV, line 11 Complete Part Schedule D | rt VII c | of | | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$ | rt VIII | | | 13 | 0 |
| | 14 | Intangible assets | | | | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | | | 108,552 | 15 | 370,632 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 3,584,267 | 16 | 3,308,101 |
| | 17 | Accounts payable and accrued expenses . | | | 110,517 | 17 | 120,006 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| <u>, 6</u> | 21 | Escrow account liability | | ı | | 21 | |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | |
| Ë | | persons Complete Part II of Schedule L | | • | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 28,235 | 23 | 2,353 |
| | 24 | Unsecured notes and loans payable | | | 251,543 | 24 | 251,820 |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 2,353 | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 392,648 | 26 | 374,179 |
| S ⊕ S | | Organizations that follow SFAS 117, check here ▶ ✓ and complet through 29, and lines 33 and 34. | ete lin | es 27 | | | |
| Balance | 27 | Unrestricted net assets | | | 2,542,830 | 27 | 2,048,488 |
| 8 8 | 28 | Temporarily restricted net assets | | | 648,789 | 28 | 749,593 |
| 됟 | 29 | Permanently restricted net assets | | | | 29 | 135,841 |
| or Fund | | Organizations that do not follow SFAS 117, check here ► and lines 30 through 34. | l comp | lete | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other fur | nds | | | 32 | |
| Net | 33 | Total net assets or fund balances | | | 3,191,619 | 33 | 2,933,922 |
| | 34 | Total liabilities and net assets/fund balances | | | 3,584,267 | 34 | 3,308,101 |
| Pa | rt XI | Financial Statements and Reporting | | | | | |

| Dowl VI | Financial | Ctatamanta | and Reporting |
|---------|-------------|------------|---------------|
| 7.11.5 | l Financiai | Statements | and Reporting |

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | Νο |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | | Nο |

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

| aller | San Jos | se | | | | | | E0 | -381635! | - | | |
|-------|----------|----------------------------|------------------|---|-------------------|-------------------------|------------------|-------------------------|---------------------|-----------------------|------------|-----------------|
| Рa | rt I | Reason | for Public C | harity Status (to be co | mpleted | by all or | ganizatio | | | | | |
| | | | | ation because it is (Please | | | | | moduce | .101137 | | |
| 1 | Ī | | | nurches, or association of ch | | | | | (A)(i). | | | |
| 2 | Ţ. | • | | tion 170(b)(1)(A)(ii). (Attac | | | | (- / (- / (| X7(-7- | | | |
| 3 | Г | | | e hospital service organizati | | • | t ion 170(l | b)(1)(A)(i | ii). (Attac | h Schedul | e H) | |
| 4 | Г | A medical i | research organı | zation operated in conjunctiv | on with a l | hospital de | escribed ii | n Section : | 170(b)(1) | (A)(iii). E | nter the | |
| | · | hospital's r | name, city, and | state | | · | | | | | | |
| 5 | Г | | | or the benefit of a college or | universit | y owned o | r operated | l by a gove | rnmental | unit desc | rıbed ın | |
| | | | | (Complete Part II) | | | • | . • | | | | |
| 6 | \sqcap | | | overnment or governmental | unıt descr | ıbed ın Se | ction 170 | (b)(1)(A) | (v). | | | |
| 7 | Г | An organiza | ation that norma | ally receives a substantial p | art of its s | support fro | m a gove | rnmental u | · · ınıt or fron | n the gene | ral public | 2 |
| | | | | (1)(A)(vi) (Complete Par | | | - | | | _ | · | |
| 8 | Γ | A communi | ty trust describ | ped in Section 170(b)(1)(A) | (vi) (Com | plete Par | tII) | | | | | |
| 9 | Г | An organiza | ation that norma | ally receives (1) more than | 331/3% o | fits supp | ort from co | ontribution | ıs, membe | rship fees | , and gro | SS |
| | | receipts fro | m activities rel | ated to its exempt functions | -subject | to certair | exceptio | ns, and (2 |) no more | than 331/ | 3% of | |
| | | ıts support | from gross inve | estment income and unrelate | ed busines | s taxable | ıncome (l | ess sectio | on 511 tax | x) from bu | sınesses | |
| | | acquired by | the organization | on after June 30, 1975 See | Section 5 | 09(a)(2). | (Complete | e Part III |) | | | |
| 10 | Γ | An organiza | atıon organızed | and operated exclusively to | test for p | ublic safe | ty See Se | ct ion 509(| (a)(4). (Se | ee instruc | tions) | |
| 11 | Γ | one or more the box tha | e publicly suppo | and operated exclusively foorted organizations describe type of supporting organiza Type II c | d in section | on 509(a) omplete li | (1) or sec | tıon 509(a hrough 11 | a)(2) See | Section 5 | | .Check |
| e | Γ | • | foundation man | rtify that the organization is agers and other than one or | | | • | | | • | | |
| f | | | | d a written determination fro | m the IRS | that it is | a Type I, | Type II o | r Type III | supportin | ng organiz | zatio <u>n,</u> |
| _ | | check this | | as the organization accepted | d any gift i | or contrib | ution from | any of the | | | | J |
| g | | following pe | | as the organization accepted | a any gne | or contrib | | any or the | • | | | |
| | | (i) a perso | n who directly o | r indirectly controls, either a | alone or to | gether wi | th persons | describe | d ın (ıı) | | Yes | No |
| | | and (111) bel | ow, the governi | ng body of the the supported | d organiza | tion? | | | | 11g | (i) | |
| | | (ii) a family | / member of a p | erson described in (i) above | ? | | | | | 11g(| ii) | |
| | | (iii) a 35% | controlled enti | ty of a person described in (| ı) or (11) al | bove? | | | | 11g(| iii) | |
| h | | Provide the | following inform | mation about the organizatio | ns the org | janızatıon | supports | | | | | |
| | | ame of | (ii) EIN | (iii) Type of organization | (iv) I | | 1 * .* | ou notify | | sthe | , , | nount of |
| | | orted IIzation | | (described on lines 1-9 above or IRC section | | ation in Iisted in | _ | ınızatıon i) of your | | ation in organized | supp | ort |
| | o rgan | | | (See Instructions)) | yourgo | | | ort? | | US? | | |
| | | | | | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Total

| Part II | Support Schedule for Organizations Described in IRC 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.) |

| Pι | ıblic Support | | , , | , | | | | |
|------|---|--------------------|-------------------|-------------------|------------------|--------------|----------|------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (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 The value of services or facilities | | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | | | | | 1 | | |
| 5 | The portion of total contribution by each | | | | | | | |
| 5 | person (other than a government unit or | | | | | | | |
| | publicly supported organization) included | | | | | | | |
| | on line 1 that exceed 2% of the amount | | | | | | | |
| | shown on line 11, column | | | | | | | |
| | · (f) | | | | | | | |
| 6 | Public Support subtract line 5 from line | | | | | | | |
| | 4 | | | | | | | |
| | otal Support | | 1 | | T | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) : | 2008 | (f) Total |
| 7 | A mounts 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 | | | | | | | |
| 10 | from the sale of capital assets (Explain in | | | | | | | |
| | Part IV) | | | | | | | |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | |
| 12 | Gross receipts from related activities, etc | (See instructio | ns) | | • | 12 | | |
| 13 | First Five Years. If the Form 990 is for the | organization's f | irst second thu | d fourth or fifth | ntay vearas a F | | 3) | |
| | organization, check this box and stop here | | mat, second, tim | u, rouren, or mer | rtax year as a s | /O1(C)(C | • • | ▶ □ |
| | | | | | | | | • |
| Co | omputation of Public Support Perc | entage | | | | | | |
| 14 | Public Support Percentage for 2008 (line 6 | 5 column (f) dıvı | ded by line 11 c | olumn (f)) | | 14 | | |
| 15 | Public Support Percentage for 2007 School | dule A , Part IV - | A, line 26f | | | 15 | | |
| 16a | 33 1/3% Test - 2008. If the organization di | d not check the | box on line 13. | and line 14 is 3 | 3 1/3% or more. | | this box | |
| | and stop here. The organization qualifies a | | | | , | | | ▶ □ |
| b | 33 1/3% Test - 2007. If the organization d | | | | 15 is 33 1/3% d | r more, | check th | |
| | box and stop here. The organization qualifi | es as a publicly | supported orga | nızatıon | | | | ▶ □ |
| 17a | 10% Facts and Circumstances Test - 2008. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | · — |
| | organization meets the "facts and circums | | | | | | | ► □ |
| Ь | 10% Facts and Circumstances Test - 2007. | | | | | | | |
| | more, and if the organization meets the "fa | | · | | | | | _ |
| 4.0 | the organization meets the "facts and circu | | | | | | | n ▶ |
| 18 | Private Foundation. If the organization did | not check the b | oux on line 13, 1 | oa, 100, 1/a or | 1/D, check this | oox an | u see | ▶ □ |
| | ınstructions | | | | | | | F-1 |

| Pa | Support Schedule for On (Complete only if you ched | | | | (2) | | |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
| | ction A. Public Support | | _ | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | 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 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| С | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| _ | line 6) | | | | | | |
| То | tal Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts 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 30 June, 1975 | | + | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organızatıon's fı | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶ □ |
| | monutation of Dublic Compant Days | | | | | | |
| 15 | mputation of Public Support Perc Public Support Percentage for 2008 (line | | dod by line 12 o | olumn (fl) | | T 4= T | |
| | | | • | .orumin (1)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | D | | | | | |
| Co | mputation of Investment Income Investment Income Percentage for 2008 (| | | ne 13 column /f | <u> </u> | 17 | |
| | | | | - | " | 17 | |
| ΤQ | Investment Income Percentage from 2007 | ocnequie A , Pa | TLIV-A, IINE 2/ | H | | 18 | |

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

| Part IV | Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) |
|---------|---|
| | |
| | Facts and Circumstances Test |
| | |

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 59-3816355

Name: Taller San Jose

Form 990, Part VII - Section Aaa

| Form 990, Part VII - Section Aad | - | | | | | | - | | | 1 |
|----------------------------------|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| | | Posit t | (C non (hat a | chec | | l | | | (F) | (F) |
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| William Murin , Director | | Х | | | | | | 0 | 0 | 0 |
| Sr Mary Rogers , Director | | Х | | | | | | 0 | 0 | 0 |
| Shawna Smith , Executive Direc | 40 00 | Х | | Х | Х | | | 111,000 | 0 | 15,980 |
| Robert Wilson , Secretary | | Х | | | | | | 0 | 0 | 0 |
| Rev Christopher Smith , Director | | Х | | | | | | 0 | 0 | 0 |
| Patrick Ortiz , Director | | Х | | | | | | 0 | 0 | 0 |
| Nancy Loughrey , CFO | 40 00 | | | Х | Х | | | 71,966 | 0 | 8,358 |
| Michael Hagan , Director | | Х | | | | | | 0 | 0 | 0 |
| Michael Clogg , Director | | | | | | | | 0 | 0 | 0 |
| Marty Trujillo , Director | | Х | | | | | | 0 | 0 | 0 |
| Lorena Maae , Director | | Х | | | | | | 0 | 0 | 0 |
| Larry Labrado , Director | | Х | | | | | | 0 | 0 | 0 |
| Karyn Mendoza , Director SS | 40 00 | | | | | Х | | 52,212 | 0 | 3,898 |
| Juana Perez , Director, WFD | 40 00 | | | | | X | | 60,071 | 0 | 6,945 |
| Jonathon Segal , Director | | Х | | | | | | 0 | 0 | 0 |
| Guy Wilson , Director | | Х | | | | | | 0 | 0 | 0 |
| Dan Young , Vice President | 2 00 | Х | | | | | | 0 | 0 | 0 |
| Christopher Leo , Director | | Х | | | | | | 0 | 0 | 0 |
| Christa Sheehan , Director, Adv | 36 00 | | | | | Х | | 31,568 | 0 | 4,623 |
| Bruce Hamlin , Director | | Х | | | | | | 0 | 0 | 0 |
| Bernard Schneider , Chairman | 2 00 | Х | | Х | | | | 0 | 0 | 0 |
| Angela Wergechik , Director | | | | | | | | 0 | 0 | 0 |

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Taller San Jose 59-3816355 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

| _ | •••• Organizations Maintaining Co | HECCIONS OF ALG | 1113 | •••• | | | . • | 7330 | L3 (LL | ntinuea) |
|------------------------|---|---------------------------|--------------|-------------------------------|---------------------------------------|---|---------------|-------------------------------|----------------|----------------------------|
| 3 | Using the organization's accession and other items (check all that apply) | records, check any | of th | e foll | owing that ar | e a significant u | se of its co | llection | | |
| а | Public exhibition | | d | Γ | Loan or exc | hange programs | | | | |
| ь | Scholarly research | | e | Γ | Other | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how | v the | v further the o | organization's ex | emnt nurne | nse in | | |
| • | Part XIV | meetions and explain | 11 1104 | v circ | y further the t | 71ga1112at10113 c7 | cempt parpo |)3C III | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | nılar | _ \ | í es | ┌ No |
| Par | Trust, Escrow and Custodial A Part IV, line 9, or reported an an | | | | | nızatıon answ | ered "Yes | " to Fo | rm 9 | 90, |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ian or other intermed | diary | for c | ontributions (| or other assets | not | Γ, | í es | ┌ No |
| b | If "Yes," explain why in Part XIV and comple | te the following table | 9 | | | | Г | | | |
| | | | | | | | | A mou | nt | |
| 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 Fo | orm 990, Part X, line | 21? | | | | | Γ, | ⁄es | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | | | | |
| Pai | rt V Endowment Funds. Complete | | | | | | | | | |
| | | (a)Current Year | (b) |) Prior | Year (c)Tv | vo Years Back (d) | Three Years E | Back (e) | Four Ye | ears Back |
| 1a | Beginning of year balance | 1,229,912 | | | | | | | | |
| b | Contributions | 21,240 | | | | | | | | |
| с | Investment earnings or losses | -146,099 | | | | | | | | |
| d | Grants or scholarships | 157.022 | | | | | | | | |
| e | Other expenditures for facilities and programs | 157,932 | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 947,121 | | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held a: | S | | | | | | | |
| а | Board designated or quasi-endowment | 86 000 % | | | | | | | | |
| ь | Permanent endowment 14 000 % | | | | | | | | | |
| | | | | | | | | | | |
| c 3a | Term endowment F Are there endowment funds not in the posses | ssion of the organiza | tion t | hat a | are held and a | administered for | the | | | |
| | organization by | | | | iidia aila c | .a.minotorea for | | | Yes | No |
| | | | | | | | | 3a(i) | | Νο |
| | (i) unrelated organizations | | | | | | | | | |
| | (ii) related organizations (iii) related organizations | | | | | | | 3a(ii) | | Νo |
| b | (ii) related organizations | | on S | ched | ule R? | | | 3a(ii) 3b | | N o |
| 4 | (ii) related organizations | | on S owme | ched ent fu | ule R? nds | | | | | |
| 4 | (ii) related organizations | | on S owme | ched ent fu ee F | ule R? inds orm 990, Pa | art X, line 10. | | | | |
| 4 | (ii) related organizations | | on S owme | ched ent fu ee F (a) | ule R? nds | | (c) Depreci | 3b | (d) Bo | |
| 4 Par | (ii) related organizations | | on S owme | ched ent fu ee F (a) | ule R? inds orm 990, Pa Cost or other | art X, line 10. | (c) Depreci | 3b | (d) Bo | No |
| 4 Par 1a | (ii) related organizations | | on S owme | ched ent fu ee F (a) | ule R? inds orm 990, Pa Cost or other | art X, line 10. | <u> </u> | 3b | (d) Bo | No ok value |
| 4 Par 1a l | (ii) related organizations | | on S owme | ched ent fu ee F (a) | ule R? inds orm 990, Pa Cost or other | art X, line 10. (b)Cost or other basis (other) | 18 | 3b | (d) Bo | N o ok value 885,453 |
| 4 Par 1a b c | (ii) related organizations | | on S owme | ched ent fu ee F (a) | ule R? inds orm 990, Pa Cost or other | (b)Cost or other basis (other) | 18 | 3b ation 80,130 | (d) Bo | N o 885,453 |
| 4 Par 1a l b l c l d l | (ii) related organizations | | on S owme | ched ent fu ee F (a) | ule R? inds orm 990, Pa Cost or other | (b)Cost or other basis (other) 1,065,583 505,695 | 20 | 3b ation 80,130 76,869 | (d) Bo | No |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 1 | 2. | |
|--|--------------------------|----|-------------------------------------|
| (a) Description of security or cateory (including name of security) | (b)Book value | | d of valuation year market value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | _ |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. Se | e Form 990, Part X, line | | |
| (a) Description of investment type | (b) Book value | | d of valuation year market value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, I | | | |
| (a) Descri | ption | | (b) Book value |
| other assets | | | 20,376 |
| HopeBuilders | | | 350,256 |
| | | | |
| | | | |
| - | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line | | | 370,632 |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | K, line 25. (b) A mount | | |
| Federal Income Taxes | (2) Amount | 1 | |
| | | 1 | |
| | | 1 | |
| | | | |
| | | | |
| | | 1 | |
| | | 1 | |
| | | 4 | |
| | | 4 | |
| | | - | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | | 1 | |
| (| I | _1 | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 2,145,017 |
|----------|--|---------------|-----------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,261,338 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -116,32 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -116,32 |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Retu | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,180,88! |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| ь | Donated services and use of facilities 2b 55,753 | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 35,868 |
| 3 | Subtract line 2e from line 1 | 3 | 2,145,017 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 2,145,017 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses | per Re | |
| 1 | Total expenses and losses per audited financial statements | 1 | 2,438,583 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| Ь | Prior year adjustments | | |
| с | Losses reported on Form 990, Part IX, line 25 | | |
| d | Other (Describe in Part XIV) | _ | |
| e | Add lines 2a through 2d | 2e | 177,24! |
| 3 | Subtract line 2e from line 1 | 3 | 2,261,338 |
| 4 | A mounts 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 XIV) | 40 | |
| C E | Add lines 4a and 4b | 4c | 2 264 22 |
| 5 Dat | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 2,261,338 |
| | nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa | art XIV lu | nes 1 h and 2 h |
| | t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b | aic Aiv , III | ics ib and 20, |
| | | | |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| Ident if ier | Return Reference | Explanation |
|--------------------|--|--|
| Part XIII, Line 2d | Part XIII, Line 2d Other expenses and losses per audited F/S | Fundraising expenses included in expense \$157757 |
| Part XII, Line 2d | Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990 | Fundraising expenses included in expense \$157757 |
| Part V, Line 4 | Part V , Line 4 Intended uses of the endowment fund | The purpose of the Taller San Jose Endowent fund is to provide funds to supplement the annual operating budget of the organization Each quarter, the ending total value of the Fund at the previous six quarters shall be averaged 1 25% of that average shall be transferred to the operating fund At no time shall monies be transferred which whould allow the Fund to drop below the amounts contributed to the fund |
| | | |
| | | |
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| | | |

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization

Employer identification number

Taller San Jose 59-3816355 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? No_ 5c d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 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 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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As Filed Data -

DLN: 93493118000090

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

| | ne of the organization | | | | | Em | ployer iden | tification number |
|-------------|---|--|---|---------------------------|---|---|--|-------------------|
| all | ler San Jose | | | | | 59- | 3816355 | |
| Pa | art I Fundraising Acti | ivities. Complete | e if the oi | ganızat | ion answered "Yes" | to Form 990 |), Part IV | , line 17. |
| b c d | Phone solicitations In-person solicitations Did the organization have a or key employees listed in f | written or oral agree Form 990, Part VII) | ement with | n any Indi | F Solicitation of r F Solicitation of g G Special fundral evidual (including office ction with professional f | non-government g government g sing events rs, directors, fundraising ac | trustees | Γ Yes Γ Ν |
| Ь | If "Yes," list the ten highest to be compensated at least | | | | | | | |
| | (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) fundrais custo contr contribu | er have dy or ol of | (iv) Gross receipts from activity | (v) A moun (or retain fundraiser col | (vi) A mount paid to (or retained by) organization | |
| | | | Yes | No | | | | |
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| ota | _1 | <u> </u> | | <u> </u> | | | | |
| Ota | aı | | | - | 1 | 1 | | 1 |

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

| | 1110 | ore than \$15,000 on Form | (a) Event #1 | (b) Event #2 | 1 | | +-1 | |
|-----------------|-----------------------|---|---------------------------------------|---|---------------------------------------|------------------------|-----------------------|-------------------------|
| | | | | (b) Event #2 | (c) O ther Events | (d) To | tal Eve (a) th | |
| | | | Light Up a Life | (event type) | /hatal must and | | ol (c)) | - |
| d) | | | (event type) 433,636 | | (total number) | - | 13 | 3,636 |
| Ě | 1 Gros | ss receipts | 433,636 | | | | 43 | |
| Revenue | - | s Charitable tributions | | | | | | |
| | _ | ss revenue (line 1 us line 2) | 433,636 | | | | 43 | 3,636 |
| | 4. Cas | h Prizes | | | | | | |
| ses. | 5 Non | -cash Prizes | 1,681 | | | | | 1,681 |
| pen | 6 Ren | t/Facility costs | 5,500 | | | | | 5,500 |
| Direct Expenses | 7 Oth | er direct expenses | 150,576 | | | | 15 | 0,576 |
| Z Fed | 8 Dire | ct expense summary Add Iin | es 4 through 7 in column | (d) | | | 15 | 7,757 |
| _ | 9 Net | ıncome summary Combine li | nes 3 and 8 ın column (d) |) | | | 27 | 5,879 |
| Par | | iming. Complete if the oi 5,000 on Form 990-EZ, lii | | "Yes" to Form 990, Pa | art IV, line 19, or repo | orted moi | e thar | า |
| Reveilue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (d) Tota col (a) th | l gaming nrough co | (Add ol (c)) |
| ~ | 1 Gross | s revenue | | | | | | |
| မှာ | 2 Cash | prizes | | | | | | |
| pens | 3 Non-o | cash prizes | | | | | | |
| Direct Expenses | 4. Rent/ | facility costs | | | | | | |
| ᅙ | 5 Other | r direct expenses | | | | | | |
| | 6 Volur | nteerlabor | ┌──────────────────────────────────── | ┌ Yes | ┌──────────────────────────────────── | | | |
| | 7 Direc | t expense summary Add line | , | , | . | | | |
| | 8 Neta | aming income summary Com | shine lines 1 and 7 in coli | ımn (d) | | | | |
| | O Netg | anning income summary con | iblie lilles I alla / Ill colo | (u) | | | Yes | No |
| 9 | Enter the | state(s) in which the organiza | ation operates gaming act | tivities | | | | |
| а | _ | anization licensed to operate | gaming activities in each | n of these states? | | · 9a | | |
| Ь | If "No," E | xplain | | | | | | |
| | | | | | | | | |
| 10a | Were any If "Yes," | of the organization's gaming | licenses revoked, suspen | ded or terminated during | g the tax year? | 10a | | |
| | ii res, i | Explain | | | | | | |
| Ь | | | | | | | | I |
| ь 11 | | organization operate gaming | | | | | | |

| | | | |
|-----|---|-----|-----------------|
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | |
| b | An outside facility | | |
| 14 | Provide 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? | 15a | |
| Ь | 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 | | |
| | Name • | | |
| | Address 🟲 | | |
| 16 | Gaming manager information | | |
| | Name 🟲 | | |
| | Gaming manager compensation 🕨 \$ | | |
| | Description of services provided 🟲 | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲 | | |

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DLN: 93493118000090

OMB No 1545-0047

2008

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Inspect ion

| name of the organization | | | | | | Linployer ident | incation number |
|--|----------------------|---|------------------------------|---|--|-----------------|---------------------------------------|
| Taller San Jose | | | | | | 59-3816355 | |
| Part I General Infor | mation on Gra | nts and Assistance |) | | | | |
| Does the organization mathematics the selection criteria use Describe in Part IV the organization | ed to award the gran | nts or assistance? | | | ibility for the grants or a | ssistance, and | . Ves T |
| Form 990, Part Part IV and Sch | | ny recipient that rece tional space is | | | tes. Complete if the of the first the confirmation one recipient reconstruction. | | |
| 1(a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of seconganizations3 Enter total number of other contents. | | | | | · | | <u> </u> |

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F | art IV, line 22. |
|----------|---|------------------|
| | Use Schedule I-1 (Form 990) if additional space is needed. | |

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|--------------------------------------|---|---------------------------------------|
| Stipends paid to interns | 201 | 1,600 | | | |
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

| Ident if ier | Return Reference | Explanation |
|---|------------------|---|
| Grantmaker's Description of How Grants are Used | | Grant Funds are stipends paid to interns on the basis of continued attendance and making documented performance goals |
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DLN: 93493118000090

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

| Name o Taller Sa | of the organization In Jose | | | | | | | | | | nt if icat | ion n | umber | |
|-----------------------------------|-------------------------------------|----------|---------------|--------------|--------|----------------------|------------------|-------------------------|-----------------|----------|-------------|--------------|----------------|---------|
| Part I | Excess Benefit Transac | tion | c (se | ction 501/ | c)(3) | and section 501 | (c)(| | 9-381 vation | | | | | |
| Parti | To be completed by organizati | | | | | | | | | | | . Part | V . lıne | 40b |
| | | | | 1 | | · | | | | | | c) Corrected | | |
| 1 | (a) Name of disqualifie | ed per | rson | | | (b) Des | crıptı | on of transa | ction | | | - ⊢ | Yes | No |
| | | | | | | | | | | | | _ | | 110 |
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| | | | | | | | | | | | | | | |
| 2 En | ter the amount of tax imposed on | the c | organiz | zation mana | gers | or disqualified pers | ons | during the y | earun | nder | | | | |
| | ction 4958 | | | | | | • | | • | • | \$ | | | |
| 3 En | ter the amount of tax, if any, on I | ine 2, | above | e, reimburse | d by | the organization . | | | • | • | \$ | | | |
| Part I | I Loans to and/or Fron | n Int | eres | ted Perso | ons | | | | | | | | | |
| | To be completed by organiz | | | | | on Form 990, Part | IV, lı | ne 26, or Fo | rm 99 | 90-E2 | Z, Part | V , line | e 38a | |
| | | | | | | · | | | | | (f | | | |
| (a) Name of interested person and | | 1 | Loan from th | | (6) | O riginal principal | | | | l n | Appr | | | /rıtten |
| (a) N | purpose | 1 ' | organization? | | amount | | (d) B | (d) Balance due | | default? | | ard or | 1 - | |
| | parpose | <u> </u> | | ı | | amount | | | | | committee? | | + | |
| | | T | 0 | From | | | | | Yes | No | Yes | No | Yes | No |
| hawna Smith | | | | | | 100.000 | | | | ١ | | | | |
| elocatio | on incentive | _ | | Х | | 100,000 | | 100,000 | | Νo | Yes | | Yes | |
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| otal | | | | | | 🕨 s | | 100,000 | | | | | | |
| Part II | Grants or Assistance | Bene | fittir | ng Intere | sted | Persons | | | | | | | | |
| | To be completed by orga | nızat | ions t | that answe | ered | "Yes" on Form 9 | 90, F | Part IV, lın | e 27. | | | | | |
| | (a) Name of interested person | | (b) | Relationshij | p bet | ween interested pe | rson | (c)A mo | ount o | faro | st or tw | na of | 2001012 | nco |
| | (a) Name of interested person | | | and | the | organization | | (C)AIII | June 0 | i giai | it or ty | pe or a | 3551514 | iiice |
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| Part I | V Business Transactions | : Tnv | olvir | na Intere | ster | l Persons | | ı | | | | | | |
| | To be completed by orga | | | | | | 90. F | Part IV. lin | e 28a | a. 28 | b. or 2 | 28c. | | |
| | 10 be completed by orga | | | Relationshi | | | 50, . | are 177 iiii | | <u> </u> | <i>5,</i> 0 | | (e) Sha | ring of |
| | | | | en interest | | (c) A mount of | | | | _ | | ا ا | organiz | |
| (a | a) Name of interested person | | | son and the | | transaction | | (d) Descr | ıptıon | of tra | ınsactı | on [| reven | |
| | | | | ganızatıon | | | | | | | | | Yes | No |
| | | | | | | | | | | | | | | • |
| | | - | | | | 1 | - | | | | | -+ | | |

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization Taller San Jose

Employer identification number

50-3816355

| Pa | Part I Types of Property | | | | | 23-3810322 | | | | | | |
|-----|--|----------------------------------|--------------------------------|---|------------------------------|------------|------|----|--|--|--|--|
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (a) Check If applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of de reven | etermi | nıng | | | | | |
| 1 | Art—Works of art | | | | | | | | | | | |
| | Art—Historical treasures . | | | | | | | | | | | |
| | Art—Fractional interests | | | | | | | | | | | |
| | Books and publications | | | | | | | | | | | |
| | Clothing and household | | | 250 | FMV | | | | | | | |
| 6 | Cars and other vehicles | X | 3 | | | | | | | | | |
| | Boats and planes | | | | | | | | | | | |
| | Intellectual property | | | | | | | | | | | |
| | Securities—Publicly traded . | | | | | | | | | | | |
| | Securities—Closely held stock . | | | | | | | | | | | |
| | Securities—Partnership, LLC, or trust interests | | | | | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | | | | | |
| 13 | Qualified conservation contribution (historic structures) | | | | | | | | | | | |
| 14 | Qualified conservation contribution (other) | | | | | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | | | | | |
| 17 | Real estate—Other | | | | | | | | | | | |
| 18 | Collectibles | Х | 1 | 7,800 | appraisal | | | | | | | |
| 19 | Food inventory | | | | | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | | | |
| | Prof | | | | | | | | | | | |
| 25 | Other (describe <u>services</u>) | | | 55,753 | | | | | | | | |
| 26 | Other (describe <u>Office</u>) | | 1 | | FMV | | | | | | | |
| | Other (describe <u>Flooring</u>) | | 1 | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 28 | Other (describe <u>Tools</u>) | | 1 | 8,727 | | | | | | | | |
| | Other (describe <u>Computers</u>) | | 3 | , | | | | | | | | |
| | Other (describe <u>Tickets</u>) | | 4 | · · · · · · · · · · · · · · · · · · · | face value | | | | | | | |
| 29 | Number of Forms 8283 received which the organization complete Acknowledgement | | | ar for contributions for | 29 | | | | | | | |
| | | | | | | | Yes | No | | | | |
| 30a | During the year, did the organiza hold for at | | | | | | | | | | | |
| | least three years from the date of | of the initial | contribution, and which is | not required to be used for (| exempt purposes | | | | | | | |
| | for the entire holding period? . | | | | | 30a | | No | | | | |
| b | If "Yes", describe the arrangeme | ent in Part 1 | I | | | | | | | | | |
| 31 | Does the organization have a gif | · | | · | | 31 | Yes | | | | | |
| 32a | Does the organization hire or us | e third part | ies or related organizations | to solicit, process, or sell i | non-cash | | | | | | | |
| | contributions? | | | | | 32a | | Νo | | | | |
| b | If "Yes", describe in Part II | | | | | | | | | | | |
| 33 | If the organization did not report | revenuesı | n Column (c) for a type of p | roperty for which Column (a | a) is | | | | | | | |
| | checked, describe in Part II | | | | | | | | | | | |

| Part II Supplemental Infor 32b, and 33. Also com | 32b, and 33. Also complete this part for any additional information. | | | | | | | | |
|--|--|-------------|--|--|--|--|--|--|--|
| Identifier | ReturnReference | Explanation | | | | | | | |
| 240111111 | Notal III Colored | Explanation | | | | | | | |
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OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Taller San Jose

Employer identification number

59-3816355

| ldentifier | Return Reference | Explanation |
|------------|------------------|--|
| | | Bylaws, Minutes of Board meetings, and financial statements are provided to all Board Members and key staff. They are available on request to anyone. Policies are provided to all staff. If appropriate, they are submitted to the Board for review and approval. |

| ldentifier | Return Reference | Explanation |
|--------------------------------|---|--|
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | Executive committee of Board contracts with Executive Director for compensation |

| lde | entifier | Return Reference | Explanation |
|-------------------|---------------------|------------------|--|
| Form 9 VI, Lin | 990, Part ne 12c | | All officers, directors and employees must disclose any conflicts of interest by written statement upon joining the organization, and agree to disclose any additional conflicts of interest if they arise |

| ldentifier | Return Reference | Explanation |
|-------------------------------|---|---|
| Form 990, Part VI, Line 10 | Form 990, Part VI, Line 10 Form 990 Review Process | Electronic copy of complete Form 990 submitted for approval to Board Chair and Executive Director |

| ldentifier | Return Reference | Explanation |
|----------------------------------|--|--|
| Form 990, Part VI, Line 7a | Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body | The Member, Sisters of St. Joseph of Orange, have certain reserved powers, including amendment of the Articles of Incorporation or Bylaws, appointment and removal of the Executive Director, appointment of up to three Sister Board Members, dissolution or sale of substantially all of the assets of the corporation, or any change to the structure or operation that would affect its status as a nonprofit public benefit corporation |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| · · · · · · · · · · · · · · · · · · · | · | Organization is a membership organization. The only member per the Bylaw's is the Sisters of St. Joseph of Orange |

| Identifie | er | Return Reference | Explanation |
|------------------------|---------|---|--|
| Form 990, Pa Line 2 | art VI, | Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et | Tw o Board Members, Guy Wilson and Robert Wilson, are father and son |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|---|
| | Client Note1 | Statement 19Schedule B Part ISchedule of addtional contributors of \$5000 or more Public Disclosure Copy36 additional donors\$12,500 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$7,500 \$7,500 \$7,500 \$7,000 \$6,000 \$5,0 |

DLN: 93493118000090

OMB No 1545-0047 2008

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** Taller San Jose 59-3816355 **Identification of Disregarded Entities** Part I (A) Name, address, and EIN of disregarded entity (D) (B) (C) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary act | | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income(related, investment, unrelated) | (F) Share of total income | (G) Share of end-of- year assets | (H Disprop allocat | l) ortionate cions? | (I) Code V—UBJ on Box 20 o | | (J Gener mana partn | ralo iging |
|---|---------------------------|------------------------------|--|--|--|---|---|---------------------------------|---------------------------|---|-------|------------------------------|---------------|
| | | | | | | | | Yes | No | | | Yes | No |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Part IV Identification of Re | elated Orga | | Taxable as | | | | 1 | | | | | | |
| (A) Name, address, and EIN of related orga | anızatıon | (B) Primary activi | ty L | (C) egal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total inco | me | Sha end- | (G) are of of-year ssets | Perce | i) ntage ership | |
| Hope Builders Inc 801 N Broadway Santa Ana, CA92701 71-1024210 | | Construction | | CA | Taller San Jose | С | | 80 | | 80 | 80 00 | 0 % | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

No No

| Part V | Transactions | with | Related | Organizations |
|--------|--------------|------|---------|----------------------|
|--------|--------------|------|---------|----------------------|

q O ther transfer of cash or property to other organization(s)

 ${\bm r} \quad \hbox{O ther transfer of cash or property from other organization(s)}$

| Part ' | Transactions with Related Organizations | | | |
|----------------|---|------------|-----|---|
| No | te. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | N |
| 1 Durir | g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Re | eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | 1a | | N |
| b G | ft, grant, or capital contribution to other organization(s) | 1b | | N |
| c Gı | ft, grant, or capital contribution from other organization(s) | 1c | Yes | |
| d Lo | ans or loan guarantees to or for other organization(s) | 1d | Yes | |
| e Lo | ans or loan guarantees by other organization(s) | 1e | | N |
| | | | | |
| f Sa | le of assets to other organization(s) | 1f | Yes | |
| g Pu | ırchase of assets from other organization(s) | 1g | | N |
| h Ex | change of assets | 1h | | N |
| i Le | ase of facilities, equipment, or other assets to other organization(s) | 1i | Yes | |
| | | | | |
| j Le | ase of facilities, equipment, or other assets from other organization(s) | 1j | | N |
| k Pe | erformance of services or membership or fundraising solicitations for other organization(s) | 1k | | N |
| I Pe | rformance of services or membership or fundraising solicitations by other organization(s) | 1 l | | N |
| m Sh | aring of facilities, equipment, mailing lists, or other assets | 1m | Yes | |
| n Sh | naring of paid employees | 1n | Yes | |
| | | | | |
| o Re | embursement paid to other organization for expenses | 10 | | N |
| p Re | ımbursement paid by other organization for expenses | 1p | Yes | |
| | | | | |

| (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|---|------------------------------------|------------------------|
| (1) Hope Builders Inc | р | 3,654 |
| (2) Hope Builders Inc | n | 63,565 |
| (3) Hope Builders Inc | m | 20,200 |
| (4) Hope Builders Inc | 1 | 3,766 |
| (5) Hope Builders Inc | f | 16,727 |
| (6) Hope Builders Inc | d | 350,256 |
| (7) Hope Builders Inc | с | 5,106 |
| (1) See Additional Data Table (2) | | |
| (5) | | |
| (6) | | |

Part VI Unrelated Organizations Taxable as a Partnership

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

| | | | | | | | | | _ | |
|--|--------------------------------|---|---|----|---|-----|----|--|--|-----------|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | | | (G) Code V—UBI amount on Box 20 of K-1 | (H) General o managing partner? |) |
| | | | Yes | No | | Yes | No | | Yes | No |
| | | | | | | | | | | |
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Software ID: 08000091

Software Version: 2008v2.7

EIN: 59-3816355

Name: Taller San Jose

| Form 990, Schedule F | R, Part V - Transactions with | Related Organizations |
|----------------------|-------------------------------|-----------------------|
| | (A) | |

| | (A) Name of other organization | (B) Transaction type(a-r) | (C) A mount Involved (\$) |
|-----|---------------------------------|--|--|
| (1) | Hope Builders Inc | р | 3,654 |
| (2) | Hope Builders Inc | n | 63,565 |
| (3) | Hope Builders Inc | m | 20,200 |
| (4) | Hope Builders Inc | ı | 3,766 |
| (5) | Hope Builders Inc | f | 16,727 |
| (6) | Hope Builders Inc | d | 350,256 |
| (7) | Hope Builders Inc | С | 5,106 |