X Name change				Number and street (or P.O. box if mail is not delivered to street address)         Room/suite           1001         Beech         Street						E Telephone number			
	Initial r									•	(650) 327-1139		
			/terminated		or province, country, and ZIP of						ss receipts		
	Ameno				lto, CA 94303-2	2005			11/->	\$	1,259,371 for subordinates? Yes X No		
	Applica	ation	pending	F Name and address	or principal officer.					•			
	Tau au		status: 🗴 501(	(c)(3) 501(c) (	) 🗲 (insert no.)	<b>1047(a)(1) at</b>	527				tes included? Yes No		
	Websi					4947(a)(1) or	<u> </u>		H(c) Group		ist. See instructions		
			anization: X Corp	o <b>pehorizoner</b> poration Trust	Association Other		L Year of format	ion: 10			gal domicile: CA		
Pa	_		Summary					.ion. <b>19</b>	07 W	State of le			
	1		1	he organization's n	nission or most significa	nt activities.	OPE HORIZON	U EAST		J.TO 1	S DEDICATED TO		
						-					AND DEVELOP AS		
nce		_	-		AVE HOPE AND A		<u></u>	011111	dird br	100,			
Governance		-											
ove	2	2 0	Check this box 🕨	if the organiz	ation discontinued its op	erations or dispos	ed of more than 2	25% of its	s net assets				
Ğ	3				overning body (Part VI,					. 3	7		
ŝ	4		-	-	bers of the governing b		b)			. 4	7		
/itie	5	5 7	Fotal number of ir	ndividuals employe	ed in calendar year 2021	(Part V, line 2a)				. 5	32		
Activities &	6	5 7	Fotal number of v	volunteers (estimat	e if necessary)					. 6	300		
◄	7	7a T	Γotal unrelated bເ	usiness revenue fr	om Part VIII, column (C)	), line 12 • • •				. 7a	0		
		b١	Net unrelated bus	siness taxable inco	ome from Form 990-T, P	art I, line 11 🛛 .				. 7b	0		
									Prior Year		Current Year		
	8	3 (	Contributions and	d grants (Part VIII,	line 1h) · · · · · ·			-	1,444	1,636	1,082,532		
Revenue	9	) F	Program service	revenue (Part VIII	line 2g) • • • • • •			·	2	2,828	11,387		
evel evel	10				nn (A), lines 3, 4, and 7d				5	5,017	2,281		
Å	11				.), lines 5, 6d, 8c, 9c, 10			•	153	3,919	163,171		
	12			-	11 (must equal Part VIII		12)	•	1,606		1,259,371		
	13				art IX, column (A), lines	,		· —	3	3,400	0		
	14		·		rt IX, column (A), line 4)			· —			0		
es	15				loyee benefits (Part IX, o		,	·	837	7,138	986,378		
Expenses					IX, column (A), line 11e) , column (D), line 25)		170 205				0		
ğ	17		•		(), lines 11a-11d, 11f-24e		172,385		201	L,305	484,762		
	18				ust equal Part IX, colum	,			1,221		1,471,140		
	19		•		ine 18 from line 12					1,557	(211,769)		
5	ß			•					inning of Curr		End of Year		
sets or	20	ר כ	Fotal assets (Parl	t X, line 16) •••					2,017	7,662	1,796,765		
Net Ass	21	17	Fotal liabilities (Pa	art X, line 26) •					452	2,678	443,550		
			Net assets or fun	d balances. Subtr	act line 21 from line 20			-	1,564	1,984	1,353,215		
	rt II		Signature I										
					s return, including accompanyir an officer) is based on all inforr			of my know	vledge and belie	ef, it is			
Sig	n		Tiffany Signature of o								ate		
Hei			-							D			
	Ū		Type or print r		utive Director								
			Print/Type preparer	's name	Preparer's signature		Date		Check	X if	PTIN		
Pai	d		Revnaldo H	E Arellano,	CPAReynaldo E A	rellano, CP	A 04-16-20	023		nployed	P00445225		
Pre	par	er	Firm's name		LDO E ARELLANO	•			Firm's EIN				
Use	e Or	nly	Firm's address		arket St Ste 62				Phone no.				
				San F	rancisco CA 941	.04-5401				415-	-821-8220		
May	the I	RS	discuss this retur	rn with the prepare	r shown above? See ins	tructions					🗴 Yes 🗌 No		
For	Pape	erwo	ork Reduction A	ct Notice, see the	separate instructions						Form <b>990</b> (2021)		
EEA													

# **Return of Organization Exempt From Income Tax**

Form **990** 

Α

в

Department of the Treasury Internal Revenue Service

Check if applicable:

Address change

For the 2021 calendar year, or tax year beginning

Doing business as

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

> Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

C Name of organizationHope Horizon East Palo Alto

10-01

, 2021, and ending

OMB No. 1545-0047

2021

**Open to Public** 

Inspection

, **20**22

77-0151434

D Employer identification number

09-30

Form		-0151434	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		· · · · <b>x</b>
1	Briefly describe the organization's mission:		
	HOPE HORIZON EAST PALO ALTO IS DEDICATED TO EQUIPPING THE YOUTH OF EAST PALO ALT	O TO GRC	W
	SPIRITUALLY, GAIN LIFE SKILLS, AND DEVELOP AS LEADERS SO THAT THEY HAVE HOPE AND		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	. 🗌 Yes	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
Ŭ	services?		x No
	If "Yes," describe these changes on Schedule O.		V NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by $C_{1}$ and $C_{2}$ and $C$		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$		<b>3,156</b> )
	MIDDLE SCHOOL ACADEMICS (GRADES 6-8) IS A SERIES OF PROGRAMS WHICH ENGAGE STUDEN	TS THROU	JGH STEAM
	(SCIENCE, TECHNOLOGY, ENGINEERING, ART AND MATHEMATICS) ACTIVITIES. THROUGH INST	RUCTION	AND LOTS
	OF HANDS-ON ACTIVITIES OUR YOUTH LEARN BASIC PROGRAMMING FUNDAMENTALS, DESIGN CO	NCEPTS,	ARTISTIC
	EXPRESSION, AND ENGINEERING PRINCIPLES.		
4b	(Code:) (Expenses \$ 255,650 including grants of \$) (Revenue \$	30	2,364)
	ELEMENTARY ACADEMICS (GRADES 1-5) EMPHASIZES HOMEWORK ASSISTANCE THROUGH AFTERSC		
	ACADEMIC ENRICHMENT.	<u>110011 101</u>	CONTING AND
			,
4c	(Code:) (Expenses \$159,809 including grants of \$) (Revenue \$)	1	L,092)
	ELEMENTARY SPIRITUAL (GRADES 1-5) CONSISTS OF WEEKLY MEETINGS WITH VARIOUS ACTIV	ITIES SU	JCH AS
	GAMES, CRAFTS, MUSIC, SNACKS, TUTORING, OUTINGS, TEACHINGS AND LESSONS FROM THE	BIBLE, A	AND
	RELATED ACTIVITIES.		
			· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)		
-	(Expenses \$ 282,837 including grants of \$ ) (Revenue \$ 54,279)	1	
4e	Total program service expenses  1,155,547		
- E A		Eor	m 000 (2021)

Form	n 990 (2021)	Hope Horizon East Palo Alto	77-01514	34	Р	age 3
Pa	rt IV Checklist	of Required Schedules				
					Yes	No
1	Is the organization desc	ribed in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A			1	х	
2	Is the organization requ	ired to complete Schedule B, Schedule of Contributors? See instructions		2	х	
3	Did the organization en	gage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public of	fice? If "Yes," complete Schedule C, Part I		3		x
4	Section 501(c)(3) orga	nizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election in effect during	the tax year? If "Yes," complete Schedule C, Part II		4		x
5	Is the organization a se	ction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessments, or similar	amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		5		x
6	Did the organization ma	aintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide	advice on the distribution or investment of amounts in such funds or accounts? If				
	"Yes," complete Schedu	ule D, Part I		6		x
7	Did the organization red	ceive or hold a conservation easement, including easements to preserve open space,				
	the environment, histori	c land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		x
8	Did the organization ma	intain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, F	Part III •••••••••••••••••••••••••••••••••		8		x
9	Did the organization rep	port an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
	custodian for amounts	not listed in Part X; or provide credit counseling, debt management, credit repair, or				ĺ
	debt negotiation service	s? If "Yes," complete Schedule D, Part IV		9		х
10	Did the organization, di	rectly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments	? If "Yes," complete Schedule D, Part V		10		x
11	If the organization's ans	swer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as app	blicable.				
а		ort an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
	complete Schedule D, F	Part VI · · · · · · · · · · · · · · · · · ·		11a	х	
b	Did the organization rep	port an amount for investments - other securities in Part X, line 12, that is 5% or more				
	of its total assets reporte	ed in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		х
С	Did the organization rep	port an amount for investments - program related in Part X, line 13, that is 5% or more				
	of its total assets reported	ed in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		x
d	Did the organization rep	port an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported in Part X, line	16? If "Yes," complete Schedule D, Part IX		11d		x
е	Did the organization rep	ort an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e		x
f	Did the organization's s	eparate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liabilit	ty for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		x
12a	Did the organization obt	ain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI ar			12a	х	
b	Was the organization in	cluded in consolidated, independent audited financial statements for the tax year? If				
	"Yes," and if the organiz	zation answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		x
13	Is the organization a scl	hool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a	-	aintain an office, employees, or agents outside of the United States?		14a		x
b	Did the organization ha	ve aggregate revenues or expenses of more than \$10,000 from grantmaking,				ĺ
	-	nvestment, and program service activities outside the United States, or aggregate				ĺ
	-	ued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		x
15		port on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				ĺ
		tion? If "Yes," complete Schedule F, Parts II and IV		15		x
16		port on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
		ign individuals? If "Yes," complete Schedule F, Parts III and IV		16		x
17		port a total of more than \$15,000 of expenses for professional fundraising services on				
		es 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		17		x
18	-	port more than \$15,000 total of fundraising event gross income and contributions on				ĺ
		a? If "Yes," complete Schedule G, Part II		18		x
19		port more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				ĺ
		dule G, Part III • • • • • • • • • • • • • • • • •		19		x
20 a		erate one or more hospital facilities? If "Yes," complete Schedule H		20a		x
b		the organization attach a copy of its audited financial statements to this return?		20b		ĺ
21	<b>e</b> .	port more than \$5,000 of grants or other assistance to any domestic organization or				ĺ
	domestic government o	n Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		х

	1990 (2021) Hope Horizon East Palo Alto	77-01514	34	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V			 V	
1.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a         Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable       1b	7			
b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
	reportable gaming (gambling) winnings to prize winners?		-		

	990 (2021) Hope Horizon East Palo Alto 77-01514	34	P	Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			l l
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	m 990 (2021) Hope Horizon East Palo Alto 77-01514		Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	lo"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
See	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Dittle server to the base base base base of the base	40.0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		
11a h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	x	
b 122	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	v	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	Х	
С	describe in Schedule O how this was done	12c	v	
13	Did the organization have a written whistleblower policy?	120	x x	
14	Did the organization have a written document retention and destruction policy?	14		
14	Did the process for determining compensation of the following persons include a review and approval by	1-4	X	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		Λ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TIFFANY HONG (650)327-1139, 1001 Beech Street, East Palo Alto, CA 94303-2005			

Form 990 (20		77-0151434	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated Employee	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	his table for all persons required to be listed. Report compensation for the calendar year ending with or within the		
organization's	tax year.		

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m s per	son is	han one ar both ar (trustee) Highest compensated employee	)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
(1) TIFFANY HONG	50.00									•
EXECUTIVE DIRECTOR	0.00				x	х		82,000	0	0
(2) ISABEL JIMENEZ	2 .00							0	o	0
BOARD MEMBER	2.00	х						0	0	0
(3) JOEY GONZALES BOARD MEMBER	<u> 2 . 00</u>	x						0	o	0
	2.00							0	0	0
(4) RON SANDERS BOARD MEMBER	2.00	x						0	o	0
(5) JACQUIE RONAN	2.00							0	Ŭ	
BOARD MEMBER	<u> </u>	x						0	o	0
(6) ALEXANDER_SIDEROPOULOS	2.00							•	Ű	<b>v</b>
SECRETARY		x		x				0	o	0
(7) RHONDA BREWSTER	2.00							<b>v</b>	v	<b>U</b>
TREASURER	=	x		x				0	0	0
(8) DAN BRADFORD	2.00							-	-	-
CHAIR	=	x		x				0	0	0
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										

#### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from related compensation from the per week organization (W-2/ organizations (W-2/ (list any from the Individual trustee or director Officer 1099-MISC/ 1099-MISC/ Forme organization and Institutional trustee employee Highest compensated Key employee hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal Total from continuation sheets to Part VII, Section A С . . . . . . . . . . . . . . . Total (add lines 1b and 1c) d 82,000 0 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual 3 . . . . . . . . . . . . . . . . . . х 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 х 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . . . . . . . . . . . . 5 х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

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

77-0151434

Page 8

Form 990 (2021)

Hope Horizon East Palo Alto

Form 99				izon Eas	t Pa	lo Alto			77-01514	34 Page
Part '	VIII	Statement of Rev	enu	le						
		Check if Schedule O co	ntain	s a response	or no	te to any line in this			1	<b>L</b>
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns			1a					
<i>s</i>	b	Membership dues			1b					
Program Service Contributions, Gifts, Grant Revenue and Other Similar Amounts	с	Fundraising events		F	1c					
	d	Related organizations .		F	1d					
ar A	е	Government grants (contr		F	1e					
e	f	All other contributions, gift								
		and similar amounts not ir	nclud	ed above	1f	1,082,532				
	g	Noncash contributions inc	lude	d in						
nd		lines 1a-1f			1g	\$				
နာပ	h	Total. Add lines 1a-1f					1,082,532			
						Business Code				
e	2a	Program fees				624110	11,387	11,387		
۳ Zi	b									
Se	С									
am	d									
ogr R	е									
ę.	f	All other program service re	even	ue	• • •					
	g	Total. Add lines 2a-2f	•••				11,387			
	3	Investment income (includi								
		other similar amounts) .					2,281	2,281		
		Income from investment of								
	5	Royalties	••	• • • • • • •	• • •	<u></u> •				
				(i) Real		(ii) Personal				
		Gross rents			171					
		Less: rental expenses • •	6b				-			
		Rental income or (loss)	6c	100/						
	d	Net rental income or (loss)	·	• • • • • • •		· · · · · · •	163,171	163,171		
	7a	Gross amount from		(i) Securitie	s	(ii) Other				
		sales of assets								
		other than inventory	7a							
ð	a	Less: cost or other basis								
		and sales expenses	7b							
eve		Gain or (loss)				<u> </u>				
r R		Net gain or (loss)			· · ·	· · · · · · •				
the	oa	Gross income from fundrai	-							
0		events (not including \$ _ of contributions reported or								
		1c). See Part IV, line 18			8a					
	h	Less: direct expenses			8b					
Miscellanous Other Revenue Other Revenue Revenue		Net income or (loss) from f								
		Gross income from gaming		aising events	Ē					
	Ja	activities, See Part IV, line			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from g								
				ig dolivilloo						
	10a	Gross sales of inventory, le returns and allowances .			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from s								
						Business Code				
s	11a									
Ine	b									
ven	c									
Re		All other revenue								
Σ		Total. Add lines 11a-11d								
		Total revenue. See instruc					1 259 371	176 839	0	0

Part IX

1

2

3

4

5

6

7

8

9

10

11

а

#### Hope Horizon East Palo Alto 77-0151434 Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, 7b, (C) Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ...... 82,000 65,600 8,200 8,200 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . Other salaries and wages . . . . . . . . . . . . . . 749,227 609,741 34,831 104,655 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . Other employee benefits ...... 89,413 68,990 4,885 15,538 65,738 51,278 5,844 8,616 Fees for services (nonemployees): Management . . . . . . . . . 21,651 17,321 2,165 2,165 <u>3,527</u> 43,829 39,861 441

-	Managomon
b	Legal · · · · · · · · · · · · · · · · · · ·
с	Accounting
d	Lobbying
е	Professional fundraising services. See Part IV, line 17 .
f	Investment management fees
g	Other. (If line 11g amount exceeds 10% of line 25, column
	(A) amount, list line 11g expenses on Schedule O.)
12	Advertising and promotion
13	Office expenses
14	Information technology
15	Royalties
16	Occupancy
17	Travel
18	Payments of travel or entertainment expenses
	for any federal, state, or local public officials
19	Conferences, conventions, and meetings
20	Interest
21	Payments to affiliates
22	Depreciation, depletion, and amortization
23	Insurance
24	Other expenses. Itemize expenses not covered
	above (List miscellaneous expenses on line 24e. If
	line 24e amount exceeds 10% of line 25, column
	(A) amount, list line 24e expenses on Schedule O.)
а	Supplies
b	Utilities
С	Repairs and maintenance
d	Meals and entertainment
е	All other expenses
25	Total functional expenses. Add lines 1 through 24e
26	Joint costs. Complete this line only if the
	organization reported in column (B) joint costs from a combined educational campaign and
	fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

ne 17 •			
5, column			
D.)	9,971	9,073	
	5,636	4,401	
	10,539	4,502	
	13,106	4,592	
	12,262	10,337	
	28,618	25,720	

1,471,140

2,868	1,500	1,368	
17,265	15,711	691	863
51,095	46,736	1,939	2,420
13,931	11,142	1,396	1,393
84,255	78,368	2,823	3,064
53,202	47,037	3,581	2,584
41,304	33,153	6,332	1,819
17,753	11,014	4,461	2,278
		14,900	6,773
-	17,265 51,095 13,931 84,255 53,202 41,304 17,753	17,265 15,711 51,095 46,736 13,931 11,142 84,255 78,368 53,202 47,037 41,304 33,153	17,265       15,711       691         51,095       46,736       1,939         13,931       11,142       1,396         84,255       78,368       2,823         53,202       47,037       3,581         41,304       33,153       6,332         17,753       11,014       4,461

1,155,547

399

732

3,324

1,753

1,079

2,644

143,208

499

503

2,713

6,761

846

254

172,385

rm 990 (2021) Hope Horizon East H	Palo
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Page	11	

orm 990 (20 <b>Part X</b>	D21) Hope Horizon East Palo Alto Balance Sheet	/	7-015:	1434 Page 1
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	592,855	1	444,605
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	301,940	4	257,46
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<sub>ر 0</sub> 7	Notes and loans receivable, net		7	
Assets 8 8 9	Inventories for sale or use		8	
9 AS	Prepaid expenses and deferred charges	9,907	9	27,33
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,233,217			
b	Less: accumulated depreciation 10b 1,165,853	1,112,960	10c	1,067,36
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,017,662	16	1,796,76
17	Accounts payable and accrued expenses	136,269	17	140,96
18	Grants payable	1,750	18	87
19	Deferred revenue	500	19	50
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	314,159	23	301,20
24	Unsecured notes and loans payable to unrelated third parties	•	24	•
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	452,678	26	443,55
	Organizations that follow FASB ASC 958, check here			ľ
es.	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,177,294	27	1,012,94
28	Net assets with donor restrictions	387,690	28	340,26
	Organizations that do not follow FASB ASC 958, check here			
3	and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances 85 85 85 86 65 05 88 25 88 25 88 88 25 88 88 88 88 88 88 88 88 88 88 88 88 88	Total net assets or fund balances	1,564,984	32	1,353,21
ž 33	Total liabilities and net assets/fund balances	2,017,662	33	1,796,76

EEA

Form **990** (2021)

Form		7-015143	4	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	259,	371
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	471,	140
3	Revenue less expenses. Subtract line 2 from line 1	3	(	211,	769)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	564,	984
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	353,	215
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                    </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🛛 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
EEA			Form	990 (2	2021)

SCHEDULE	Α
(Form 990)	

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service Name of the organization

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

►	Go to www.irs.gov/Form990 for instructions and the latest informa	tion.	Insp
		Employer identification	on number

OMB No. 1545-0047

2021

Open to Public

Inspection

		orizon East Palo Alto			teenal	to this a	77-015143	
Part		Reason for Public Cha		-			an.) See instructio	ns.
		zation is not a private foundation be		-	-			
1	=	A church, convention of churches, or			n 170(b)(1)	(A)(i).		
2	Ц.	A school described in <b>section 170(b</b>	)(1)(A)(ii). (Attach S	Schedule E (Form 990).)				
3	Ц	A hospital or a cooperative hospital s	ervice organization	described in section 170	(b)(1)(A)(ii	i).		
4	L I	A medical research organization ope	rated in conjunction	with a hospital described	in section	170(b)(1)(	A)(iii). Enter the	
	_	hospital's name, city, and state:						
5		An organization operated for the ber	efit of a college or	university owned or opera	ited by a g	overnment	al unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental un	it described in section 17	0(b)(1)(A)	(v).		
7	х	An organization that normally receive	es a substantial par	t of its support from a gov	vernmental	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi	). (Complete Part II.	)				
8		A community trust described in <b>secti</b>	on 170(b)(1)(A)(vi)	. (Complete Part II.)				
9		An agricultural research organization	described in section	on 170(b)(1)(A)(ix) operat	ted in conju	inction with	a land-grant college	
		or university or a non-land-grant coll	ege of agriculture (	see instructions). Enter th	e name, ci	ty, and stat	e of the college or	
		university:						
10		An organization that normally receive receipts from activities related to its support from gross investment incor acquired by the organization after Ju	exempt functions, s ne and unrelated bu	ubject to certain exceptio usiness taxable income (le	ns; and (2) ess sectior	no more t 511 tax) fi	han 33 1/3% of its	
11		An organization organized and opera			,			
12		An organization organized and opera	ated exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	of
		one or more publicly supported organ	nizations described i	in <b>section 509(a)(1)</b> or <b>se</b>	ction 509(	<b>a)(2)</b> . See	section 509(a)(3). Cheo	:k
		the box in lines 12a through 12d that	describes the type	of supporting organizatio	n and com	plete lines	12e, 12f, and 12g.	
а		<b>Type I.</b> A supporting organization	n operated, supervis	sed, or controlled by its su	pported ore	ganization(	s), typically by giving	
		the supported organization(s) th	e power to regularly	/ appoint or elect a majori	ty of the di	rectors or t	rustees of the	
		supporting organization. You mu	ust complete Part I	V, Sections A and B.				
b		<b>Type II.</b> A supporting organization	n supervised or cor	trolled in connection with	its supporte	ed organiza	ation(s), by having	
		control or management of the su	upporting organizati	on vested in the same pe	rsons that	control or r	manage the supported	
		organization(s). You must com	plete Part IV, Secti	ons A and C.				
С		Type III functionally integrated	I. A supporting orga	nization operated in conne	ection with,	and function	onally integrated with,	
		its supported organization(s) (se	e instructions). <b>You</b>	must complete Part IV,	Sections A	A, D, and E		
d		Type III non-functionally integ	rated. A supporting	organization operated in o	connection	with its sup	oported organization(s)	
		that is not functionally integrated	I. The organization	generally must satisfy a d	istribution	requiremer	nt and an attentiveness	
		requirement (see instructions). Y	ou must complete	Part IV, Sections A and	D, and Pa	rt V.		
е		Check this box if the organization	n received a writter	determination from the I	RS that it is	s a Type I,	Type II, Type III	
		functionally integrated, or Type I		ntegrated supporting orga	nization.			
f	Er	nter the number of supported organiz	ations					· · · L
g	Pr	ovide the following information abou	t the supported org	anization(s).			1	
(	i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
	per	work Reduction Act Notice, see th	e Instructions for	Form 990 or 990-EZ.			Sch	edule A (Form 990) 202 <sup>,</sup>
EEA								· · ·

	le A (Form 990) 2021 Hope Horizo	n East Pal	Lo Alto			77-015143	4 Page 2
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	962 046	1,116,077	1 095 700	1 509 555	1 245 702	5,909,080
2	Tax revenues levied for the	802,940	1,110,077	1,005,799	1,398,333	1,243,703	3,303,080
-	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
3							
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	862,946	1,116,077	1,085,799	1,598,555	1,245,703	5,909,080
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						865,800
6	Public support. Subtract line 5 from line 4 .						5,043,280
Secti	on B. Total Support					1	/ /
	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		1,116,077	+ • •	1,598,555	1,245,703	5,909,080
8	Gross income from interest, dividends,	002/010		2,000,000	1,000,000		0,000,000
-	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	202	700	1 101	10	0.001	4 5 4 5
9	Net income from unrelated business	303	798	1,121	42	2,281	4,545
5							
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,913,625
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the org						
	organization, check this box and stop here						<b>&gt;</b> [
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	, column (f), c	livided by line '	11, column (f))		14	85.28 %
15	Public support percentage from 2020 Sch	edule A, Part	II, line 14			15	83.10 %
16a	33 1/3% support test - 2021. If the organiz					3% or more. ch	
	box and <b>stop here.</b> The organization quali-						
b	<b>33 1/3% support test - 2020.</b> If the organiz						
~	this box and <b>stop here.</b> The organization of						
17a	10%-facts-and-circumstances test - 202						
17a							
	10% or more, and if the organization meets						
	Part VI how the organization meets the fac			-	-		_
	organization						
b	10%-facts-and-circumstances test - 202	•					
	15 is 10% or more, and if the organization	meets the fac	ts-and-circums	tances test, ch	eck this box an	d <b>stop here.</b> Ex	xplain
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiza	ation qualifies a	as a publicly su	pported
	organization						► Г
18	Private foundation. If the organization did						
	instructions		-				
FFA							A (Form 990) 2021

	le A (Form 990) 2021 Hope Horizo	n East Pal	o Alto			77-0151434	Page 3
Part							
	(Complete only if you checked th						er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please cor	mplete Part II	.)	
-	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") •						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) • • • • • • • • • •						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the org					()()	_
0	organization, check this box and <b>stop here</b>						<u></u> ▶ ∐
-	on C. Computation of Public Suppor	-		<b>0 1</b> (0)			
15	Public support percentage for 2021 (line 8		•			15	%
16 Sooti	Public support percentage from 2020 Sch					16	%
	on D. Computation of Investment Inc			line 12 colum	n (ft)	17	0/
17 19	Investment income percentage for <b>2021</b> (li		• • •			17	<u>%</u> %
18 19a	Investment income percentage from 2020 33 1/3% support tests - 2021. If the organ				 line 15 is more		
199	17 is not more than 33 1/3%, check this bo						
h		-	-	-			ation 🕨 📋
b	<b>33 1/3% support tests - 2020.</b> If the organization line 18 is not more than 33 1/3%, check this box a						
20	Private foundation. If the organization did	-					▶□
20	i invate iounuation. Il the organization diu	HUL UNEUN A DU			on une bux allu	i see mai uulioni	u ۲ 🗠

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

e Part V.)						
		Yes	No			
	1					
	2					
	_					
	3a					
	24					
	3b					
	3c					
ľ						
	4a					
	4b					
	40					
	4c					
	5a					
	5b 5c					
	50					
	6					
	7					
	-					
	8					
	9a					
	Ja					
	9b					
	9c					
	10a					
	10b					

Schedule A (Form 990) 2021

i art	Cupporting Organizations (continued)		Vaa	No
44	Lies the experimetion accepted a gift on contribution from any of the following newspace?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	11a		
	11c below, the governing body of a supported organization?	11b	┝──┤	
b	A family member of a person described in line 11a above?	110		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.5		
Conti	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		ł	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С				
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	۱.		Na
2	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions) Activities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
2 a		).	Yes	NO
	Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	).	Yes	NO
	Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>	).	Yes	NO
	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes,		Yes	NO
	Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		Yes	NO
a	Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	Yes	
	Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's		Yes	NO
a	Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i>		Yes	NO
a	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2a	Yes	NO
a b	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.		Yes	NO
a b 3	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2a	Yes	NO
a b	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2a 2b	Yes	NO
a b 3 a	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b> <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would</i> <i>have engaged in these activities but for the organization's involvement.</i> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI</b> .	2a	Yes	NO
a b 3	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2a 2b	Yes	

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

 Part IV
 Support

 orm 990) 2021
 Hope Horizon East Palo Alto

 Supporting Organizations (continued)

Behedule Part	A (Form 990) 2021 Hope Horizon East Palo Alto           V         Type III Non-Functionally Integrated 509(a)(3) Supporting Org	raniz	77-015	51434 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
• 1	instructions. All other Type III non-functionally integrated supporting organiz		• • •	2
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
0				
	of gross income or for management, conservation, or maintenance of	6		
7	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
-	•	6		
7		-	egrated Type III suppor	ting organization
7	<ul> <li>emergency temporary reduction (see instructions).</li> <li>Check here if the current year is the organization's first as a non-functiona (see instructions).</li> </ul>	-	egrated Type III suppor	ti

Schedule A (Form 990) 2021

	e A (Form 990) 2021 Hope Horizon East Palo Al				1434 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continue	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b> V	/I)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				
EEA					Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

	Sum 1990/2021
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

OMB No. 1545-0047

2021

►	Attach	to Form	990 o	r Form	990-PF.	
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► Go to www.irs.gov/Form990 for the latest information.

Name o	f the organization		Employer identification number		
Hope 3	Horizon East Pal	Alto		77-0151434	
Organiz	ation type (check one):				
Filers o	f:	Section:			
Form 99	90 or 990-EZ	<b>K</b> 501(c)( <b>3</b> ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> the	eated as a private foundation		
		527 political organization			
Form 99	90-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treate	ed as a private foundation		
		501(c)(3) taxable private foundation			
Check if	your organization is cove	by the General Rule or a Special Rule.			
Note: O instructio		r (10) organization can check boxes for both the	General Rule and a Special Rule.	See	
General	l Rule				
	•	orm 990, 990-EZ, or 990-PF that received, durin erty) from any one contributor. Complete Parts I ons.	• • •		
Special	Rules				
X	regulations under section 16b, and that received fr	ed in section 501(c)(3) filing Form 990 or 990-E 509(a)(1) and 170(b)(1)(A)(vi), that checked Sc any one contributor, during the year, total contril Form 990, Part VIII, line 1h; or (ii) Form 990-EZ	hedule A (Form 990), Part II, line 1 outions of the greater of <b>(1)</b> \$5,000;	3, 16a, or	
	contributor, during the year literary, or educational p	bed in section 501(c)(7), (8), or (10) filing Form 5 total contributions of more than \$1,000 <i>exclusivi</i> oses, or for the prevention of cruelty to children of the contributor name and address), II, and II	ely for religious, charitable, scientifi or animals. Complete Parts I (ente	с,	
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Wilmington DE 19809

501 Silverside Road, Suite 123

EEA

Schedule B Name of or	(Form 990) (2021)	Fm	Page Dioyer identification number
	prizon East Palo Alto		77-0151434
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	PING AND AMY CHAO FAMILY FUND 445 S SAN ANTONIO RD STE 204 Los Altos CA 94022	\$\$	PersonXPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	MR. AND MRS. HICKMAN 26020 ALICANTE LN Los Altos CA 94022	\$ <u>82,213</u>	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MR. AND MRS. GILLIS 15 CARRIAGE CT Menlo Park CA 94025	\$30,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CNC FOUNDATION 1423 HAMILTON AVE Palo Alto CA 94301	. \$ <u>30,000</u>	PersonXPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MENLO CHURCH 950 SANTA CRUZ AVENUE Menlo Park CA 94025	. \$61,500	PersonImage: Constraint of the second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JEREMY LIN FOUNDATION		Person 🗴 Payroll 🗌

\$

30,000

Noncash

(Complete Part II for

noncash contributions.)

Governors Office of Business & Econ

1325 J Street 18th Floor

Sacramento CA 95814

12

EEA

Cabadula D	(Farm 000) (0024)		Dec
	(Form 990) (2021) rganization		Pag Employer identification number
	orizon East Palo Alto		77-0151434
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional spac	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_7_	Google Inc 1600 Amphitheatre Parkway Mountain Mountain View CA 94043	\$32,	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PayPal Giving Fund 1250 I St NW 1202 Washington DC 20005		Person     x       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	True North Church 655 Arastradero Rd Palo Alto CA 94306	\$22,	.307 Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10	<u>Mrs Lauren Younger</u> <u>755 Page Mill Road Suite A-200</u> <u>Palo Alto CA 94304</u>	\$ <u>50</u> ,	Person       Image: Construction         Payroll       Image: Construction         Noncash       Image: Construction         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11	Bothin Foundation 1660 Bush Str Suite 300 San Francisco CA 94109	\$30,	PersonImage: Constraint of the second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

\$

Person

Payroll

25,000

Noncash

(Complete Part II for

noncash contributions.)

 $\Box$ 

SCHE	DULE D
(Form	990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

2021 Open to Public

Inspection

OMB No. 1545-0047

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

Name o	f the organization		Emp	loyer ide	entification nu	Imber	
	Horizon East Palo Alto				151434		
Pa	t I Organizations Maintaining Donor Advised F	unds or Other Simila	ar Funds or Account	s.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ine 6.				
		(a) Donor advis	sed funds	(b	) Funds and oth	er accounts	;
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	l in donor advised				
	funds are the organization's property, subject to the organization	•			[	Yes	No
6	Did the organization inform all grantees, donors, and donor ac	-			-		
	only for charitable purposes and not for the benefit of the donc						
	conferring impermissible private benefit?				[	Yes	
Par					<b>L</b>		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ine 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreation		Preservation of a histor	icallv im	portant land	area	
	Protection of natural habitat	, Г	Preservation of a certifi	-	•		
	Preservation of open space		]				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribut	ion in the form of a conse	ervation			
-	easement on the last day of the tax year.				Held at the E	nd of the	Tax Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
c	Number of conservation easements on a certified historic stru-			20 20			
d	Number of conservation easements included in (c) acquired a			20			
u	historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rele				ing the		
J	tax year	ased, extinguished, of te	anninated by the organiza	uon uu	ing the		
4	Number of states where property subject to conservation ease	ment is located	•				
5	Does the organization have a written policy regarding the period		n bandling of				
5	violations, and enforcement of the conservation easements it				Г	Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha				-		
0		and the of violations, and	eniorcing conservation e	asemen		year	
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and onfo	rcing conservation easer	nonte di	uring the year	r	
'	S	ng of violations, and enic	i cing conservation easer	nents u	uning the year		
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	a of section $170(h)(A)(B)(A)$	i)			
0	and section $170(h)(4)(B)(ii)$ ?	e satisfy the requirement		1)	Г	Yes	
9	In Part XIII, describe how the organization reports conservatio	n essements in its reven	ue and expense stateme	ntand	· · · · · L		
5	balance sheet, and include, if applicable, the text of the footno		•		the		
	organization's accounting for conservation easements.			escribes	5 uic		
Par		of Art Historical T	reasures or Othe	r Sim	ilar Asset	<u>د</u>	
I ui	Complete if the organization answered "Yes" o					0.	
1a	If the organization elected, as permitted under FASB ASC 958			o shoot	works		
iu	of art, historical treasures, or other similar assets held for publ	•					
	service, provide in Part XIII the text of the footnote to its finance						
b	If the organization elected, as permitted under FASB ASC 958			neet wou	rks of		
b	art, historical treasures, or other similar assets held for public						
	•	exhibition, education, or i	esearch in furtherance o	i public	Service,		
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>				• ¢		
					• \$		
•	(ii) Assets included in Form 990, Part X				• \$		
2	If the organization received or held works of art, historical trea			ovide th	e		
-	following amounts required to be reported under FASB ASC 9:	•					
a L	Revenue included on Form 990, Part VIII, line 1				• \$		
b For Do	Assets included in Form 990, Part X		<u></u>		• \$		
ror Pa	perwork Reduction Act Notice, see the Instructions for For	m 990.			Schedul	e D (Form	990) 2021

	D (Form 990) 2021 Hope Horizon Ea	ast Palo Alto					77-015			age <b>2</b>
Par	t III Organizations Maintaining	Collections of A	Art, His	torical T	reasures,	or Oth	her Similar A	ssets (cc	ntinı	ıed)
3	Using the organization's acquisition, accessi	on, and other records	, check ar	ny of the foll	owing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	· exchange pi	rograms				
b	Scholarly research		е	Other						_
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they	further the c	organization's	exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit o	r receive donations of	f art, histor	rical treasur	es, or other s	imilar				
	assets to be sold to raise funds rather than to	o be maintained as pa	art of the o	rganization	's collection?			🗌 Ye	s 🗌	No
Par	t IV Escrow and Custodial Arra	angements.								
	Complete if the organization	answered "Yes"	on Forr	n 990, P	art IV, line	9, or r	eported an ar	nount on	Forn	n
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for con	ntributions o	r other assets	s not				
	included on Form 990, Part X?							🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing tabl	e:						
							A	mount		
с	Beginning balance					. 1c	;			
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	crow or cus	todial accoun	t liability	?	🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation h	nas been pr	ovided on Pa	rt XIII			· [	]
Par	t V Endowment Funds.									
	Complete if the organization	answered "Yes"	on Forr	n 990, P	art IV, line	10.				
		(a) Current year	(b) Pr	ior year	(c) Two years	back	(d) Three years bac	k (e) Fou	r years l	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment	▶	%							
b	Permanent endowment	%	_							
с	Term endowment > %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that ar	e held and	administered	for the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Sch	edule R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endov	vment fund	ds.						
Par	t VI Land, Buildings, and Equip	oment.								
	Complete if the organization	answered "Yes"	on Forr	n 990, P	art IV, line	11a. S	ee Form 990	, Part X, I	ine 1	0.
	Description of property	(a) Cost or othe	er basis	(b) Cost of	r other basis	(c)	Accumulated	(d) Boo	k value	
		(investme	ent)	(0	other)	d	epreciation			
1a	Land			2	225,000				225,	000
b	Buildings	•••			754,848		1,031,647		723,	
С	Leasehold improvements									
d	Equipment				84,849		79,150		5,	699
е	OtherSTMD1	в.		1	168,520		55,056		113,	
Total.	Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, d	column (B)						067,	
	- · · · · · ·						1	Schedule D		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021         Hope Horizon East Palo Alto		77-0151434 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	·	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

#### Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 2	25.) • •

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Part X

	P (Form 990) 2021 Hope Horizon East Palo Alto	77-0151434	Page <b>4</b>
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,406,862
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d	2e	147,491
3	Subtract line 2e from line 1	3	1,259,371
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 XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,259,371
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,618,631
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d	2e	147,491
3	Subtract line 2e from line 1	3	1,471,140
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,471,140
Part	XIII Supplemental Information.		

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

SCHEDULE G   Suppler			al Informatior	n Regardii	ng Fundra	aising or Gami	ng A	ctivities	OMB No. 1545-0047
(Form	n 990)	Complete if	f the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2021
	ent of the Treasury Revenue Service	Þ¢	Attach to Form 990 or Form 990-EZ. So to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
-	the organization		5					Employer identific	
Hope	Horizon Eas	t Palo Alto						77-015	1434
Part	I Fundrais	ing Activities.	Complete if the	e organiza	tion answ	ered "Yes" on F	orm	990, Part IV, I	ine 17.
	 Form 990-	EZ filers are not r	equired to comp	lete this pa	rt.				
1	Indicate whether	the organization raise	ed funds through a	ny of the follo	wing activitie	es. Check all that app	oly.		
а	Mail solicitatio	ns		е [	] Solicitation	of non-government	grants		
b									
с	Phone solicita	tions		g 🗌	] Special fun	draising events			
d	In-person soli	citations							
2a	Did the organizat	ion have a written or	oral agreement wit	h any individu	ual (including	officers, directors, ti	rustee	S,	
	or key employees	listed in Form 990, I	Part VII) or entity in	connection \	with profession	onal fundraising serv	ices?		Yes No
b	If "Yes," list the 10	) highest paid individ	uals or entities (fur	draisers) pur	suant to agre	eements under which	n the fu	undraiser is to be	
		east \$5,000 by the o	•	, ,	J. J				
	(i) Name and addres or entity (fun		(ii) Activity	custody or	draiser have r control of outions?	(iv) Gross receipts from activity	(	Amount paid to or retained by) idraiser listed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
				Yes	No				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									
3	List all states in w registration or lice	which the organization	is registered or lic	ensed to soli	cit contributio	ons or has been notif	fied it i	s exempt from	1

			e Horizon East Pa			-0151434 Page 2
Pa	art II	Fundraising Events. Completion	•			•
		than \$15,000 of fundraising gross receipts greater than \$		gross income on Form	990-EZ, lines 1 and 60	). List events with
		gross receipts greater than t	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
UL.	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2) • • • • • • • • • • • • • • • • • •				
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs • • • • • •				
Direct Expenses	7	Food and beverages • • • • •				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines Net income summary. Subtract line			· · · · · · · · · · · · • •	
Pa	rt III	Gaming. Complete if the org			/, line 19, or reported m	ore than
		\$15,000 on Form 990-EZ, lir	ne 6a.			
anı			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
<u>۳</u>	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs • • • • •				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes         %           ☐ No         %	□ Yes % □ No	□ Yes % □ No	
	7	Direct expense summary. Add lines	3 2 through 5 in column (d)			
	8	Net gaming income summary. Subl	tract line 7 from line 1, colu	mn (d) • • • • • • • • • • • • • • • • • • •		
g		ter the state(s) in which the organiza	tion conducts gaming activi	itios:		
	<b>a</b> lst	the organization licensed to conduct		these states?		Yes 🗌 No
			1		t	
10		ere any of the organization's gaming Yes," explain:	licenses revoked, suspend	ea, or terminated during the	tax year?	Yes   No

#### SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

#### Name of the organization Hope Horizon East Palo Alto

Employer identification number 77-0151434

#### 01. Form 990 governing body review (Part VI, line 11)

THE AUDIT REPORT AND FINAL DRAFT OF THE 990 IS PRESENTED TO THE BOARD FOR DISCUSSION,

REVIEW, AND APPROVAL PRIOR TO FILING

#### 02. Conflict of interest policy compliance (Part VI, line 12c)

CONFLICT OF INTEREST POLICY IS WRITTEN AND MONITORED.

03. CEO, executive director, top management comp (Part VI, line 15a)

COMPENSATION FOR EXECUTIVE OFFICER IS DETERMINED BY THE BOARD.

#### 04. Other officer or key employee compensation (Part VI, line 15b

PERFORMANCE REVIEWS AND COMPENSATION ARE DISCUSSED AT BOARD MEETINGS AS NEEDED AND AT

LEAST ANNUALLY.

#### 05. Governing documents, etc, available to public (Part VI, line 19)

COPIES ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

#### 06. List of other fees for services expenses (Part IX, line 11g)

COMPUTER AND IT \$2,194

CONSULTANTS, COACHES, ADVISORS \$250

JANITORIAL AND CLEANING \$14,204

OUTSIDE SERVICES \$13,795

PAYROLL PROCESSING \$2,001

#### 07. List of other expenses (Part IX, line 24e)

LICENSES, FEES, AND TAXES \$19,922

ame of the organization	Pa Employer identification number
ope Horizon East Palo Alto	77-0151434
EPAIRS AND MAINTENANCE \$37,505	

#### 08. Part III, response or note to any other line in Part III

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Form 8879-T	Έ
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#### **IRS e-file Signature Authorization** for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 10-01 , 2021, and ending 09-30 ,2022

Do not send to the IRS. Keep for your records.

2021

Department of the Treasury Internal Revenue Service Name of filer

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

77-0151434

Hope Horizon East Palo Alto Name and title of officer or person subject to tax

#### Tiffany Hong, Executive Director Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a 1,259,371

2a	Form 990-EZ check here ►	b	Total revenue, if any (Form 990-EZ, line	9)
3a	Form 1120-POL check here .	b	Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here • • ►	b	Tax based on investment income (Form	n 990-PF, Part V, line 5) • • • • • 4b
5a	Form 8868 check here ►	b	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here · · · ►	b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here · · · ►	b	Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here ►	b	FMV of assets at end of tax year (Form	5227, Item D) 8b
9a	Form 5330 check here ►	b	Tax due (Form 5330, Part II, line 19) •	9b
10a	Form 8038-CP check here ►	b	Amount of credit payment requested (	Form 8038-CP, Part III, line 22) • • 10b
Part	II Declaration and Signat	ure /	Authorization of Officer or Per	son Subject to Tax
l Inder n	enalties of perjury, I declare that		m an officer of the chave optity or	
onder p	challes of perjury, recolare that	i a	m an officer of the above entity or	I am a person subject to tax with respect to (name
of entity		i a		and that I have examined a copy of the
of entity	)		, (EIN)	
of entity 2021 ele	)	dules	, (EIN), and statements, and, to the best of my kr	and that I have examined a copy of the
of entity 2021 ele complet interme	) ectronic return and accompanying sche e. I further declare that the amount in P diate service provider, transmitter, or ele	dules Part I a	, (EIN), and statements, and, to the best of my kr above is the amount shown on the copy of c return originator (ERO) to send the retur	and that I have examined a copy of the nowledge and belief, they are true, correct, and the electronic return. I consent to allow my n to the IRS and to receive from the IRS (a) an
of entity 2021 ele complet intermed acknow	) ectronic return and accompanying sche e. I further declare that the amount in P diate service provider, transmitter, or ele ledgement of receipt or reason for reject	edules Part I a ectroni	, (EIN), and statements, and, to the best of my kr above is the amount shown on the copy of c return originator (ERO) to send the retur the transmission, <b>(b)</b> the reason for any d	and that I have examined a copy of the nowledge and belief, they are true, correct, and the electronic return. I consent to allow my n to the IRS and to receive from the IRS ( <b>a</b> ) an elay in processing the return or refund, and ( <b>c</b> )
of entity 2021 ele complet intermed acknow the date	ectronic return and accompanying sche e. I further declare that the amount in P diate service provider, transmitter, or ele ledgement of receipt or reason for reject of any refund. If applicable, I authorize	edules Part I a ectroni tion of	, (EIN), and statements, and, to the best of my kr above is the amount shown on the copy of c return originator (ERO) to send the retur the transmission, <b>(b)</b> the reason for any d J.S. Treasury and its designated Financial	and that I have examined a copy of the nowledge and belief, they are true, correct, and the electronic return. I consent to allow my n to the IRS and to receive from the IRS ( <b>a</b> ) an elay in processing the return or refund, and ( <b>c</b> ) Agent to initiate an electronic funds withdrawal
of entity 2021 ele complet intermed acknow the date	ectronic return and accompanying sche e. I further declare that the amount in P diate service provider, transmitter, or ele ledgement of receipt or reason for reject of any refund. If applicable, I authorize	edules Part I a ectroni tion of	, (EIN), and statements, and, to the best of my kr above is the amount shown on the copy of c return originator (ERO) to send the retur the transmission, <b>(b)</b> the reason for any d J.S. Treasury and its designated Financial	and that I have examined a copy of the nowledge and belief, they are true, correct, and the electronic return. I consent to allow my n to the IRS and to receive from the IRS ( <b>a</b> ) an elay in processing the return or refund, and ( <b>c</b> )
of entity 2021 ele complet intermed acknow the date (direct of	ectronic return and accompanying sche e. I further declare that the amount in P diate service provider, transmitter, or ele ledgement of receipt or reason for reject of any refund. If applicable, I authorize lebit) entry to the financial institution acc	edules Part I a ectroni tion of the L count	, (EIN) and statements, and, to the best of my kr above is the amount shown on the copy of c return originator (ERO) to send the retur the transmission, (b) the reason for any d J.S. Treasury and its designated Financial indicated in the tax preparation software f	and that I have examined a copy of the nowledge and belief, they are true, correct, and the electronic return. I consent to allow my n to the IRS and to receive from the IRS ( <b>a</b> ) an elay in processing the return or refund, and ( <b>c</b> ) Agent to initiate an electronic funds withdrawal
of entity 2021 ele complet intermed acknow the date (direct of return, a	) ectronic return and accompanying sche e. I further declare that the amount in P diate service provider, transmitter, or ele ledgement of receipt or reason for reject of any refund. If applicable, I authorize lebit) entry to the financial institution act and the financial institution to debit the e	edules Part I a ectroni tion of the L count entry to	, (EIN) and statements, and, to the best of my kr above is the amount shown on the copy of c return originator (ERO) to send the retur the transmission, (b) the reason for any d J.S. Treasury and its designated Financial indicated in the tax preparation software f o this account. To revoke a payment, I mu	and that I have examined a copy of the nowledge and belief, they are true, correct, and the electronic return. I consent to allow my n to the IRS and to receive from the IRS ( <b>a</b> ) an elay in processing the return or refund, and ( <b>c</b> ) Agent to initiate an electronic funds withdrawal for payment of the federal taxes owed on this
of entity 2021 ele complet intermed acknow the date (direct of return, a 1-888-3	ectronic return and accompanying sche e. I further declare that the amount in P diate service provider, transmitter, or ele ledgement of receipt or reason for reject of any refund. If applicable, I authorize lebit) entry to the financial institution act and the financial institution to debit the e 53-4537 no later than 2 business days	edules Part I a ectroni tion of the L count count entry to prior t	, (EIN) and statements, and, to the best of my kr above is the amount shown on the copy of c return originator (ERO) to send the retur the transmission, (b) the reason for any d J.S. Treasury and its designated Financial indicated in the tax preparation software f o this account. To revoke a payment, I mu to the payment (settlement) date. I also au	and that I have examined a copy of the nowledge and belief, they are true, correct, and the electronic return. I consent to allow my n to the IRS and to receive from the IRS ( <b>a</b> ) an elay in processing the return or refund, and ( <b>c</b> ) Agent to initiate an electronic funds withdrawal for payment of the federal taxes owed on this ist contact the U.S. Treasury Financial Agent at
of entity 2021 ele complet intermed acknow the date (direct of return, a 1-888-3 process	) ectronic return and accompanying sche le. I further declare that the amount in P diate service provider, transmitter, or ele ledgement of receipt or reason for reject of any refund. If applicable, I authorize lebit) entry to the financial institution acc and the financial institution to debit the e 53-4537 no later than 2 business days ing of the electronic payment of taxes to	edules Part I a ectroni tion of the L count entry to prior t o rece	, (EIN) and statements, and, to the best of my kr above is the amount shown on the copy of c return originator (ERO) to send the retur the transmission, (b) the reason for any d J.S. Treasury and its designated Financial indicated in the tax preparation software f o this account. To revoke a payment, I mu to the payment (settlement) date. I also au eive confidential information necessary to	and that I have examined a copy of the nowledge and belief, they are true, correct, and the electronic return. I consent to allow my n to the IRS and to receive from the IRS (a) an elay in processing the return or refund, and (c) Agent to initiate an electronic funds withdrawal for payment of the federal taxes owed on this ist contact the U.S. Treasury Financial Agent at ithorize the financial institutions involved in the
of entity 2021 ele completi intermed acknow the date (direct of return, a 1-888-3 process the pay	) ectronic return and accompanying sche le. I further declare that the amount in P diate service provider, transmitter, or ele ledgement of receipt or reason for reject of any refund. If applicable, I authorize lebit) entry to the financial institution acc and the financial institution to debit the e 53-4537 no later than 2 business days ing of the electronic payment of taxes to	edules Part I a ectroni tion of the L count entry to prior t o rece	, (EIN) and statements, and, to the best of my kr above is the amount shown on the copy of c return originator (ERO) to send the retur the transmission, (b) the reason for any d J.S. Treasury and its designated Financial indicated in the tax preparation software f o this account. To revoke a payment, I mu to the payment (settlement) date. I also au eive confidential information necessary to	and that I have examined a copy of the nowledge and belief, they are true, correct, and the electronic return. I consent to allow my n to the IRS and to receive from the IRS (a) an elay in processing the return or refund, and (c) Agent to initiate an electronic funds withdrawal for payment of the federal taxes owed on this ist contact the U.S. Treasury Financial Agent at ithorize the financial institutions involved in the answer inquiries and resolve issues related to

PIN:	check	one	box	only
------	-------	-----	-----	------

X lauthorize <b>REYNALDO E ARELLANO CPA</b>	to enter m	ny PIN <u>1</u>	2345 as my signatur
ERO firm name			nter five numbers, but o not enter all zeros
on the tax year 2021 electronically filed return. If I have in agency(ies) regulating charities as part of the IRS Fed/S return's disclosure consent screen.			
As an officer or person subject to tax with respect to the filed return. If I have indicated within this return that a cop of the IRS Fed/State program, I will enter my PIN on the	by of the return is being filed with a stat		5
Signature of officer or person subject to tax			Date▶ 04-14-2023
	1		
RO's EFIN/PIN. Enter your six-digit electronic filing identification		94133	
Part III         Certification and Authentication           ERO's EFIN/PIN. Enter your six-digit electronic filing identification           number (EFIN) followed by your five-digit self-selected PIN.	771282	94133 on't enter all :	zeros
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	771282 Do nature on the 2021 electronically filed r	on't enter all : return indicat	ed above. I confirm that I

### Statement of Program Service Accomplishments

Name(s) as shown on return

2021 PG01

Your Social Security Number

Hope Horizon East Palo Alto

**77-0151434** Statement #4

Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$153102
Grants and allocations included in above expense	\$0
Program Services Revenue	\$42783

#### Explanation

STREETWORKZ (GRADES 6-8) PROVIDES LARGE GROUPS WITH SOCIAL TIME, GROUP ACTIVITIES, AND SHORT TEACHINGS. THIS PROGRAM ALSO INCLUDES THE FORMATION OF SMALL GROUPS FOR BIBLE STUDIES/DISCUSSIONS. OUTINGS AND OTHER TRIPS ARE ALSO OFFERED.

#### Statement of Program Service Accomplishments

Name(s) as shown on return

Hope Horizon East Palo Alto

2021 PG01

Your Social Security Number 77-0151434

Statement #4

Form 990-Part III(b) Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$80943
Grants and allocations included in above expense	\$0
Program Services Revenue	\$11496

#### Explanation

LIT - LEADERS IN TRAINING (GRADES 9-12) PROVIDES WORKSHOPS IN JOB READINESS AND FINANCIAL LITERACY, VISITS TO LOCAL COLLEGES AND COMPANIES, BIBLE STUDY, AND LEADERSHIP OPPORTUNITIES. THE GOAL IS TO PROPEL MORE STUDENTS THROUGH GRADUATION AND GAINFUL EMPLOYMENT WHILE DEVELOPING A SENSE OF COMMUNITY RESPONSIBILITY, RESULTING IN A DESIRE TO MENTOR THE NEXT GENERATIONG OF YOUNG LEADERS IN THE EAST PALO ALTO COMMUNITY.

#### **Statement of Program Service Accomplishments** 2021 PG01 Your Social Security Number

Name(s) as shown on return

77-0151434

Hope Horizon East Palo Alto

Statement #4

Form	990-Part	III(c)
Statement of	Service	Accomplishment

Program Service Code	
Program Service Expenses	\$48792
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

#### Explanation

THE EDUCATION & OUTREACH PROGRAM DISSEMINATES INFORMATION REGARDING PROGRAMS, ACTIVITIES, AND EVENTS, AND VOLUNTEER OPPORTUNITIES, RECRUITMENT, AND TRAINING.

F	FOR YOUR RECOR		2021	PG01			
Name(s) as shown on return			Tax ID Number				
Hope Horizon East Palo	Alto		77	-0151434			
Form 990	Form 990 - Schedule D - Part VI - Line 1e Statement #Dle Investments - Other						
Description	Cost/basis	Cost/basis		Book			
of Investment	(Investment)	(Other)	Depr	Value			
		44 027	11.007				
FURNITURE & FIXTURES	0	44,237	44,237	0			
FURNITURE & FIXTURES LAND IMPROVEMENTS	0	124,283	44,237	0 113,464			

PG01

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: Hope Horizon East Palo Alto Address: 1001 Beech Street, East Palo Alto, CA 94303-2005 EIN: 77-0151434 Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

Form	990
Work	sheet

# Schedule A, Line 5 - Excess 2% Limitation Contributors

	(This page is not filed with the return. It is for your records only.)	2021
Name(s) as shown on return		Tax ID Number
Hope Horizon East	Palo Alto	77-0151434

2% of the amount on Schedule A, Part II, line 11, column (f)

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2017	2018	2019	2020	2021	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
YOUNGER FAMILY FUND	100,000	200,000		300,000		600,000	481,727
PING AND AMY CHAO FAMILY FUND		40,000	40,000	40,000	40,000	160,000	41,727
MR. AND MRS. HICKMAN	29,350	38,803	155,963	101,719	82,213	408,048	289,775
MR. AND MRS. EASON		40,700			9,300	50,000	
THE HIGHWAY COMMUNITY/COMMON GOOD F	30,000	35,000	32,000		15,500	112,500	
MR. AND MRS. GILLIS		25,000		30,000	30,000	85,000	
CNC FOUNDATION	22,000	22,000	25,000		30,000	99,000	
MR. AND MRS. HUFFMAN	20,000	20,000				40,000	
FACEBOOK INC.	20,000	20,000	20,105		15,000	75,105	
MENLO CHURCH	42,500	18,668	21,349		61,500	144,017	25,744
JEREMY LIN FOUNDATION			40,000	30,000	30,000	100,000	
EPISCOPAL IMPACT FUND			22,500		1,000	23,500	
Small Business Administration				145,100		145,100	26,827
Google Inc					32,569	32,569	
PayPal Giving Fund					21,782	21,782	
True North Church					22,307	22,307	
Mrs Lauren Younger					50,000	50,000	
Bothin Foundation					30,000	30,000	
Governors Office of Business & Econ					25,000	25,000	

Total

865,800

118,273

990	Tax Exempt Diagnostic Summary				
Name				Employer Identification #	
Hope Horizon East Palo Alto				77-0151434	
<u>Demographics</u> Mailing Address: 1001 Beech Street East Palo Alto, CA 94303-200	05	Phone:	(650)327-1139		
Resident State: CA					
<u>Diagnostics</u> Preparer: Reynaldo E Arella	Invoice:		Date: 04-10	6-2023	
Return Information					
Itom on Poturn	2021			2020 Federal	

Item on Return		
	Federal	(If available)
Total Revenue	1,259,371	1,606,400
Total Expenses	1,471,140	1,221,843
Net Excess (Deficit)	(211,769)	384,557
Net Assets or Fund		
Balances	1,353,215	1,564,984

#### State/City Information

State/City	Taxable	Total	Change Fund	UBIT	<u>Total</u>	<u>Refund/</u>
	Revenue	Expenses	Balance		Tax	(Balance Due)
CA	176,839	(211,768)				

# TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

Calenda	r Year 2021 or fiscal year beginning (mm/dd/yyyy) $10-01-2021$ , an	d ending (mm/dd/yyyy)	09-30-2022 .
	n/Organization name		prporation number
	HORIZON EAST PALO ALTO	1585	
Additional i	nformation. See instructions.	<b>FEIN</b> 77-0	151434
	ess (suite or room) BEECH STREET		PMB no.
City	PALO ALTO	State CA	Zip code 94303-2005
Foreign co			Foreign postal code
A First retu	Irn • • • • • • • • • • • • • • • • • • •	any changes to its guidelines	
	d return • • • • • • • • • • • • • • • • • • •		• • • Yes X No
		ection 23701d, has the organization	
	prmation return?	· _	• 🗌 Yes 🖾 No
-		t under R&TC Section 23701g?	
		eceipts from nonmember sources	• ¢
	ccounting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limit		• • • • Yes X No
		Form 100 or Form 109 to report	
_			• 🗌 Yes 🕅 No
		audit by the IRS or has the IRS	
	what is the parent's name?		Yes X No
II 103,	Date filed with IRS	a pending:	
Part I	Complete Part I unless not required to file this form. See General Information B and C.		
	· · ·	•	<b>1</b> 176,839 <b>00</b>
	Gross sales or receipts from other sources. From Side 2, Part II, line 8     Gross dues and execomposite from members and officiates	•	1     176,839     00       2     00
Dessints	2 Gross dues and assessments from members and affiliates	•	
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received		<b>3</b> 1,082,532 <b>00</b>
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		4 1,259,371 00
		•	<b>4</b> 1,259,371 <b>00</b>
	5 Cost of goods sold		0
	6 Cost or other basis, and sales expenses of assets sold		-
	7 Total costs. Add line 5 and line 6	• • • • • • • • • • • • • • •	7 00
	8 Total gross income. Subtract line 7 from line 4		<b>8</b> 1,259,371 <b>00</b>
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9 <u>1,471,139</u> 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10         (211,768)         00           11         00
	11 Total payments	•	
Filing	12 Use tax. See General Information K		12 00
Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		13 00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	• • • • • • • • • • •	<sup>1</sup> 14 00
	15 Penalties and interest. See General Information J • • • • • • • • • • • • • • • • • •		· <u>15</u> 00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	ments and to the best of my knowle	
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has any knowledge.	
Here	Signature		
		DIR04/14/2023	650-327-1139
		Check if self-	
Deid	signature ► REYNALDO E ARELLANO, CPA 04/16/20	023 employed 🕨 🛛	P00445225
Paid Preparer's			• Firm's FEIN
Use Only	if self-employed)  and address  F40 MADREE CE CE CO2225		56-2498058
	540 MARKEI SI SIE 62555	1	• Telephone
	SAN FRANCISCO, CA 94104-540		415-821-8220
	May the FTB discuss this return with the preparer shown above? See instructions	• X Yes No	

Г



Part II		ganizations with gross receipts of more th gardless of amount of gross receipts - con	•				77-0	015143	1
	100	Gross sales or receipts from all business ac			•	1			00
	2	· · ·				2		11,387	00
	3					3		2,281	00
Receipts		-				4		CO 171	00
from Other	4	Gross royalties				4	1	.63,171	
Sources	5	•				6			00
	0	Gross amount received from sale of assets				-			00
	7					7			00
	8	Total gross sales or receipts from other sources.	•				1	.76,839	00
	9	Contributions, gifts, grants, and similar amo	-						00
	10					10			00
	11	Compensation of officers, directors, and true				11		82,000	00
	12	3				12	9	04,377	00
Expense	s   13					13		17,265	00
and Disburse	14					14		2,643	00
nents	15					15		12,262	00
	16	Depreciation and depletion (See instructions				16		51,096	00
	17	Other expenses and disbursements. Attach				17	4	01,496	00
	18	Total expenses and disbursements. Add line	9 through line 17. Enter I	here and on Side 1, Part I,	ine 9 .	. 18	1,4	71,139	00
Schee	dule L	Balance Sheet	Beginning of	taxable year	End	d of tax	able year		
Asset	-		(a)	(b)	(c)			(d)	
1 C	ash .			592,855			•	444,60	05
2 N	et acco	ounts receivable		301,940			•	257,4	66
3 N	et note	es receivable					•		
4 In	ventor	ies					•		
5 Fe	ederal	and state government obligations					•		
6 In	vestme	ents in other bonds					•		
7 In	vestme	ents in stock					•		
<b>8</b> M	ortgag	e loans					•		
9 0	ther inv	vestments. Attach schedule					•		
10 a	Depre	eciable assets	2,000,184		1,997	.398			
	-	accumulated depreciation	1,112,224	887,960	1,155			842,3	64
<b>11</b> La	and .			225,000		,	•	225,00	
12 0	ther as	ssets. Attach schedule		9,907			•	27,3	
	otal as			2,017,662				1,796,7	
Liabili	ities a	nd net worth		2,017,002				<u></u>	55
		s payable		138,019			•	140,9	
		itions, gifts, or grants payable		130,015			•		<u>75</u>
		Ind notes payable					•	0	10
		les payable		314,158			•	201 0	
		bilities. Attach schedule					-	301,20	
		stock or principal fund		500			•		00 1 E
				1,564,984			•	1,353,23	10
		or capital surplus. Attach reconciliation					•		
		d earnings or income fund					-		
		bilities and net worth		2,017,661				1,796,7	<u>65</u>
Scheo	dule M	•	-						
		Do not complete this schedule if the ar		1					
		me per books	• (211,767)	7 Income recorded on	•				
		income tax	•	not included in this re		edule	•	147,49	91
		of capital losses over capital gains	•	8 Deductions in this re	•				
4 In	come	not recorded on books this year.		against book income	e this year.				
At	tach s	chedule	•	Attach schedule •	• • • • • • • • •		•		
5 Ex	kpense	es recorded on books this year not		9 Total. Add line 7 and	line 8			147,49	91
de	educted	d in this return. Attach schedule	• 147,491	10 Net income per retur	n.				
6 To	otal. Ad	ld line 1 through line 5	(64,276)	Subtract line 9 from	ine 6			(211.7)	671

3652214

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# California Form 199 2021 Part I - Line 3 -- Gross contributions, gifts, grants, and similar amounts received, Part I, Line 3 PG01 Name(s) shown on return Identifying Number Hope Horizon East Palo Alto 77-0151434 (a) (b) (c) (d) Contributor's Contributor's Date Amount Name Address Received Received

Contributor's	Contributor's	Date	Amount
Name	Address	Received	Received
PING AND AMY CHAO FA	A445 S SAN ANTONIO RD STE 204 Los Altos, CA 94022	04-25-2022	40,000
MR MRS HICKMAN	26020 ALICANTE LN Los Altos, CA 94022	07-25-2022	82,213
MR MRS GILLIS	15 CARRIAGE CT Menlo Park, CA 94025	12-19-2022	30,000
CNC FOUNDATION	1423 HAMILTON AVE Palo Alto, CA 94301	12-18-2022	30,000
MENLO CHURCH	950 SANTA CRUZ AVENUE Menlo Park, CA 94025	08-23-2022	61,500
JEREMY LIN FOUNDATIO	501 SILVERSIDE ROAD SUITE 123 Wilmington, DE 19809	05-05-2022	30,000
GOOGLE INC	1600 AMPHITHEATRE PARKWAY MOUNTAIN Mountain View, CA 94043	09-30-2022	32,569
PAYPAL GIVING FUND	1250 I ST NW 1202 Washington, DC 20005	09-30-2022	21,782
TRUE NORTH CHURCH	655 ARASTRADERO RD Palo Alto, CA 94306	08-09-2022	22,307
MRS YOUNGER	755 PAGE MILL ROAD SUITE A200 Palo Alto, CA 94304	11-08-2021	50,000
BOTHIN FOUNDATION	1660 BUSH STR SUITE 300 San Francisco, CA 94109	11-17-2021	30,000
GOVERNORS OFFICE OF	1325 J STREET 18TH FLOOR Sacramento, CA 95814	12-10-2021	25,000

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

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

WEBSITE ADDRESS:

(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

www.oag.ca.gov/charities	23703;	Government Code section 12586.1. IRS exte	ensions will be	nonorea.					
HOPE HORIZON EAST PALO ALTO Check if:									
Name of Organization				Change of address					
				-					
List all DBAs and names the orga	nization uses or ha	as used		nded report					
1001 BEECH STRE	ET								
Address (Number and Street)			- State Cha	arity Registration Numl	ber <u>CT-068</u>	273			
EAST PALO ALTO,	CA 94303	3-2005							
City or Town, State, and ZIP Code	City or Town, State, and ZIP Code         Corporation or Organization No.         1585596								
650-327-1139	<u>H</u>	lello@HopeHorizonEPA -mailAddress		_					
Telephone Number	E	-mail Address	Federal E	Employer ID No. 7	7-0151434				
ANNUAL F	REGISTRATION R	ENEWAL FEE SCHEDULE (11 Cal. Coo Make Check Payable to Department			ınd 312)				
Total Revenue	Fee	Total Revenue	<u>Fee</u>	Total Revenue			Fee		
Less than \$50,000	\$25	Between \$250,001 and \$1 milion	\$100	Between \$20,000,0	01 and \$100 millio	on s	\$800		
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,	,001 and \$500 mill				
Between \$100,001 and \$250,00	00 \$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500	million	:	\$1,200		
PART A - ACTIVITIES									
For your most recent	full accounting p	eriod (beginning $10 - 01 - 21$	ending	09-30-22	) list:				
Total Revenue \$									
(including noncash contributio	ns) 1 <u>,259,3</u>	371 Noncash Contributions \$	7,3	Total Asse	ts\$ <u>1,796</u>	5 <b>,</b> 766	5		
Progra	am Expenses \$	1,155,546 <b>Tota</b>	Expenses \$	<b>1</b> ,471,13	9				
		TION DURING THE PERIOD OF THIS							
-	-	wer "yes" to any of the questions below, yo ch "yes" response. Please review RRF-1 in				Yes	No		
<ol> <li>During this reporting period, v</li> </ol>	vere there any con	tracts, loans, leases or other financial tra	nsactions be	tween the organization	n and any	163			
officer, director or trustee the	eof, either directly	or with an entity in which any such office	r, director or	trustee had any financ	ial interest?		Х		
2. During this reporting period, v	vas there any theft,	, embezzlement, diversion or misuse of t	ne organizati	on's charitable propert	y or funds?		Х		
<ol> <li>During this reporting period, were any organization funds used to pay any penalty, fine or judgment?</li> </ol>							Х		
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						X			
5. During this reporting period, o	id the organization	receive any governmental funding?				Х			
6. During this reporting period, did the organization hold a raffle for charitable purposes?						Х			
7. Does the organization conduct a vehicle donation program?						Х			
8. Did the organization conduct generally accepted accountin		dit and prepare audited financial stateme s reporting period?	ents in accord	dance with		Х			
9. At the end of this reporting pe	riod, did the organi	ization hold restricted net assets, while re	porting nega	ative unrestricted net a	ssets?		Х		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.									
		TTENNY HONC	ی نظ			_11	2022		
Signature of Authorized	Agent	TIFFANY HONG Printed Name	<u>Ľ2</u>	KECUTIVE DI Title	<u>re 04</u>	-	<u>2023</u> ate		
-									

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311 and 312

#### **STATEMENT INFORMATION**

Name as shown on return:	FEIN
Hope Horizon East Palo Alto	77-0151434
5. Organization received CA Relief Grant \$25,000 from Gove	rnorla
	LHOLS
Office of Economic Development.	
8. Independent CPA audited the financial statements in acc	ordance with
Generally Accepted Accounting Principles and provided an u	ngualified
opinion.	

TAXABLE YE	AR Californ	lifornia e-file Return Authorization for					FORM	1		
2021	Exempt	ot Organizations							8453-6	ΞO
Exempt Organiza								ving numbe		
HOPE H	DRIZON EAST	PALO ALTO					//	-015	1434	
	ss receipts (Form 199, ss income (Form 199	, line 4)								
		ents (Form 199, line 9)								
Part II s	ettle Your Account E	lectronically for Taxable Year 2021								
	ronic funds withdrawa			4b \	Withdrawal	date (	mm/dd/y	ууу)		
Part III B	anking Information ()	Have you verified the exempt organiza	ation's banking info	rmation	2)					
5 Routing	Ŭ,		alon's banking inic	maton	:)					
6 Account			<b>7</b> Ty	/pe of a	ccount:	Che	ecking	<u> </u>	Savings	
	eclaration of Officer	count to be settled as designated in Part	II. If I check Part II. b	ox 4. I au	uthorize an e	lectron	ic funds v	vithdrawa	l for	
the amount list	ed on line 4a.	, i i i i i i i i i i i i i i i i i i i								
		t I am an officer of the above exempt orga ice provider and the amounts in Part I abo								
		c return. To the best of my knowledge and ce due return, I understand that if the Fra								
exempt organiz	ation's fee liability, the ex	cempt organization will remain liable for th	ne fee liability and all	applicab	le interest ar	nd pena	alties. Í au	uthorize th	ne exempt	
processing of	the exempt organization	schedules and statements be transmitted on's return or refund is delayed, I autho								
reason(s) for t	he delay.									
Sign	►		04-14-20	)23	EXI	ECU	TIVE	DIR	ECTOR	
Here	Signature of officer		Date		Title					
Part V	Declaration of Electro	onic Return Originator (ERO) and P	Paid Preparer. See	e instruc	tions.					
		exempt organization's return and that the							•	
however, that f	orm FTB 8453-EO accura	e service provider, I understand that I am r ately reflects the data on the return.) I hav	e obtained the organ	nization c	officer's signa	ature or	n form FT	B 8453-E	O before	
•		e provided the organization officer with a ed in FTB Pub. 1345, 2021 Handbook for A								
•		four years from the date the exempt orgate paid preparer, under penalties of perjury								
and accompan	ying schedules and state	ments, and to the best of my knowledge a								
based on all in	formation of which I have	knowledge.								
				I			0			
ERO	ERO's		Date		Check if also paid	X	Check if self-	d X	ERO'S PTIN P00445225	
Must	signature				preparer		employe	Firm's FE		
Sign	Firm's name (or yours if self-employed)	REYNALDO E ARELL	ANO CPA					56-2	2498058	
	and address	548 MARKET ST ST. SAN FRANCISCO ,	E 62335 CA						ZIP code 94104-540	1
		t I have examined the above organization' correct, and complete. I make this declar	's return and accomp							
Paid	Paid	,		Date			Check		Paid preparer's PTIN	
Preparer	preparer's signature						if self- employed			
Must Sign	Firm's name (or yours							Firm's FE	IN	
Sign	if self-employed) and address	•							ZIP code	

CAOVFLOW	State Supporting Statements	<b>2021</b> Page 1
Name(s) as shown on return		SSN/FEIN
Hope Horizo	n East Palo Alto	77-0151434

Description		Amount
Professional fees	<u>\$</u>	75,451
Advertising and promotion		5 <b>,</b> 636
Office expenses		10,538
Information Technology		13,107
Travel		28,618
Conferences, conventions, and meetings		2,868
Insurance		13,931
Meals and entertainment		17,753
Repairs and maintenance		41,304
Stipends and awards		37,984
Supplies		84,256
Utilities		53,202
Other expenses		16,848
	Total: \$	401,496