

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 2002

B Check if applicable

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tions

COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS
16264 CHURCH STREET #103
MORGAN HILL, CA 95037

D Employer identification number

23-7351215

E Telephone number

408-779-5773

F Accounting method

☐ Cash☒ Accrual☐ Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ NoH (b) If 'yes', enter number of affiliates ☐ Yes ☐ NoH (c) Are all affiliates included? ☐ Yes ☐ No
(If 'no' attach a list. See instructions.)H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit group GEN

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site N/A

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 7,986,353.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	826,460.	
b	Indirect public support	1b	180,670.	
c	Government contributions (grants)	1c	6,063,206.	
d	Total (add lines 1a through 1c) (cash \$ 7,038,476 noncash \$ 31,860)	1d	7,070,336	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	577,224	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	3,387	
5	Dividends and interest from securities	5		
6a	Gross rents	6a	158,174.	
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	158,174	
7	Other investment income (describe _____)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d		
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	88,286	
b	Less direct expenses other than fundraising expenses	9b	37,396	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	50,890	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	88,946	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	7,948,957	
13	Program services (from line 2, column (B))	13	6,557,432	
14	Management and general (from line 3, column (C))	14	437,362	
15	Fundraising (from line 4, column (D))	15	99,867	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 15, column (A))	17	7,094,661	
18	Excess of (deficit) for the year (subtract line 17 from line 12)	18	854,296.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	943,080	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	34,860	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,832,236	

OCT 17 2002

SCANNED

RECEIVED

UNRECEIVED

TIME

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	4,134,121	3,770,550	312,770.	50,801
27 Pension plan contributions	27	71,396	65,208	5,303	885
28 Other employee benefits	28	619,724	566,049	45,989.	7,686
29 Payroll taxes	29	440,299	402,161	32,676	5,462
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	134,147	131,164	2,126	857.
34 Telephone	34	120,774	115,557	4,715	502
35 Postage and shipping	35	6,890	6,468	126	296
36 Occupancy	36	569,717	558,590	7,944	3,183
37 Equipment rental and maintenance	37	89,276	85,525.	2,091	1,660.
38 Printing and publications	38	21,109	20,554	483	72
39 Travel	39	61,033	59,992.	743	298.
40 Conferences, conventions, and meetings	40	35,395	30,808	1,242	3,345
41 Interest	41	35,273	35,155.	101.	17
42 Depreciation, depletion, etc (attach schedule)	42	46,843	40,014.	6,771.	58
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	708,664	669,637	14,282	24,745
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	7,094,661.	6,557,432	437,362	99,867

Joint Costs Check ☐ if you are following SOP 98.2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **MENTAL HEALTH AND SUPPORTIVE SERVICES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others.)

a SEE STATEMENT 4		
	(Grants and allocations \$ _____)	6,557,432
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e Other program services	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)		6,557,432

Part IV Balance Sheets (See instructions)**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non interest bearing	15,333	45	8,221
	46 Savings and temporary cash investments	172,060	46	653,452
	47a Accounts receivable	5,569		
	b Less allowance for doubtful accounts		47c	5,569
	48a Pledges receivable	162,411		
	b Less allowance for doubtful accounts		48c	162,411
	49 Grants receivable	1,047,846	49	1,364,219
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	48,067	53	117,865
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	1,881,418			
b Less accumulated depreciation (attach schedule) STATEMENT 5	538,047	1,390,699	57c	1,343,371
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	2,956,386	59	3,655,108	
LIABILITIES	60 Accounts payable and accrued expenses	286,625	60	269,500
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	1,381,534	64b	1,301,112
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 6)	345,147	65	252,260
	66 Total liabilities (add lines 60 through 65)	2,013,306	66	1,822,872
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	610,032	67	1,435,942
	68 Temporarily restricted	333,048	68	396,294
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	943,080	73	1,832,236
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	2,956,386	74	3,655,108

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)**

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements	a	7,948,957	a	Total expenses and losses per audited financial statements	a	7,094,661
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)			(4)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) through (4)	b			Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	7,948,957	c	Line a minus line b	c	7,094,661
d	Amounts included on line 12, Form 990 but not on line a			d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)			(2)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	7,948,957	e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,094,661

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes ☒ No

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See specific instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
81a Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
81b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	N/A	
d Section 162(e) lobbying and political expenditures	N/A	
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	N/A	
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
b Gross receipts, included on line 12, for public use of club facilities	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 0, Section 4912 0, Section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed CALIFORNIA		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	132
91 The books are in care of SUSAN PENG Telephone number 408-779-5773 Located at 16264 CHURCH STREET, MORGAN HILL CA ZIP + 4 95037		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	
	92	N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a COUNSELING FEES/BOARD					577,224
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	3,387	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			3	158,174	
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					50,890
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS & VENDI					88,946.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				161,561.	717,060
105 Total (add line 104, columns (B), (D), and (E))					878,621

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	COUNSELING FEES ARE RECEIVED BASED ON AN ABILITY TO PAY SCALE DETERMINED BY LOCAL GOVERNMENT.
103A	VENDING AND OTHER INCOME IS USED TO OFFSET PROGRAM RELATED SUPPLY EXPENSES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Date

10/2/02

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions)

Supplementary Information — (see separate instructions)

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2001

Name of the Organization

**COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS**

Employer Identification Number

23-7351215

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEANNE ESTES ----- 16264 CHURCH STREET	PROG DIRECTOR 40	 60,000	 3,000	 0
LISA DE SILVA ----- 16264 CHURCH STREET	ASST DIRECTOR 40	 71,840	 3,592	 0
GEORGE MINERVA ----- 16264 CHURCH STREET	PROGRAM DIR 40	 65,672	 3,283	 0
SUSAN PENG ----- 16264 CHURCH STREET	ACCTING MANAGER 40	 62,400	 3,120	 0
BRUCE WERMOUTH ----- 16264 CHURCH STREET	CLINICAL DIRECT 40	 77,244	 3,862	 0
Total number of other employees paid over \$50,000	4			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services	0	

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

- 4 Do you have a section 403(b) annuity plan for your employees?

Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,155,821	6,768,889	5,190,755	4,524,337	22,639,802
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	743,256	694,186	721,682	630,030	2,789,154
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,746	5,440	6,261	10,620	27,067
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STATE 8	63,915				63,915
23 Total of lines 15 through 22	6,967,738	7,468,515	5,918,698	5,164,987	25,519,938
24 Line 23 minus line 17	6,224,482	6,774,329	5,197,016	4,534,957	22,730,784
25 Enter 1% of line 23	69,677	74,685	59,187	51,650	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

c Total support for Section 509(a)(1) test. Enter line 24, column (e).

d Add Amounts from column (e) for lines 18 27,067 19 26b 63,915.

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26a	454,616
26b	
26c	22,730,784
26d	90,982
26e	22,639,802
26f	99.60%

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2000) (1999) (1998) (1997)

c Add Amounts from column (e) for lines 15 16 17 20 21

d Add Line 27a total and line 27b total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	
27d	
27e	
27f	
27g	%
27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
(To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation			

Part VI-A: Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and limited control provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table –		
If the amount on line 40 is –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B: Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public.
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization

**COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS**

Employer Identification Number

23-7351215

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule — see instructions.)

General Rule —

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II.)

Special Rules —

- ☒ For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II.)
- ☐ For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III.)
- ☐ For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

COMMUNITY SOLUTIONS FOR CHILDREN,

23-7351215

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	----- ----- -----	\$ 180,670	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>2</u>	ANONYMOUS DONOR ----- ----- -----	\$ 225,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>3</u>	----- ----- -----	\$ 4,604,372	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>4</u>	----- ----- -----	\$ 273,289	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>5</u>	----- ----- -----	\$ 345,878	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>6</u>	----- ----- -----	\$ 309,845	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

COMMUNITY SOLUTIONS FOR CHILDREN,

23-7351215

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 582,257	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	----- ----- -----	\$ 150,928	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	----- ----- -----	\$ 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

COMMUNITY SOLUTIONS FOR CHILDREN,

23-7351215

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

COMMUNITY SOLUTIONS FOR CHILDREN,

23-7351215

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions)

▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FEDERAL STATEMENTS

COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES AND INDIVIDUALS

STATEMENT 1

FORM 990, PART I, LINE 9

NET INCOME (LOSS) FROM SPECIAL EVENTS

	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
<u>SPECIAL EVENTS</u>					
CLAY TOURNAMENT AND OTHER	88,286	0	88,286	37,396	50,890.
TOTALS	<u>\$ 88,286</u>	<u>\$ 0</u>	<u>\$ 88,286</u>	<u>\$ 37,396</u>	<u>\$ 50,890</u>

STATEMENT 2

FORM 990, PART I, LINE 20

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR YEAR CONTRACT SETTLEMENT		\$ 34,860.
TOTAL	\$	<u>34,860.</u>

STATEMENT 3

FORM 990, PART II, LINE 43

OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DUES/SUBSCRIPTIONS/LICENSE FEE	27,983	27,029	633	321
INDIVIDUAL EMPOWERMENTS	4,777	4,777		
INSURANCE	58,685	56,459	1,783	443
OTHER OPERATING COSTS	111,531.	103,452	7,493	586
PROFESSIONAL FEES	338,710.	312,784	3,071	22,855.
SUBCONTRACTED GRANT EXPENDITUR	70,336	70,202		134.
UTILITIES	96,642	94,934	1,302.	406.
TOTAL	<u>\$ 708,664</u>	<u>\$ 669,637</u>	<u>\$ 14,282.</u>	<u>\$ 24,745.</u>

STATEMENT 4

FORM 990, PART III, LINE A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
BEHAVIORAL HEALTH CARE - THE BEHAVIORAL HEALTH CARE SERVICES DIVISION INCLUDES MENTAL HEALTH COUNSELING, DRUG AND ALCOHOL TREATMENT, CASE MANAGEMENT FOR OLDER ADULTS, SOBER LIVINGHOUSES FOR WOMEN, RESIDENTIAL TREATMENT AND SUPPORTIVE HOUSING FOR SERIOUSLY MENTALLY ILL ADULTS, CRISIS COUNSELING, HOME BASED SERVICES SERVICES FOR FIRST OFFENDER YOUTH, EMERGENCY FOSTER CARE FOR STATUS OFFENDER YOUTH, DRINKING DRIVER PROGRAMS, AND DRUG DIVERSION CLASSES.		3,795,418

PREVENTION AND EDUCATION - THE PREVENTION AND EDUCATION DIVISION OFFERS A WIDE ARRAY OF SERVICES FOR YOUTH AND THEIR FAMILIES INCLUDING AFTER SCHOOL YOUTH ACTIVITY CENTERS, GANG

FEDERAL STATEMENTS
COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
INTERVENTION AND PREVENTION PROGRAMS, TOBACCO EDUCATION AND CESSATION SERVICES, YOUTH LEADERSHIP, HOME BASED SUPPORT FOR TEEN PARENTS, INDEPENDENT LIVING SKILLS FOR FOSTER CARE YOUTH, TRANSITIONAL HOUSING FOR HOMELESS YOUTH AND YOUNG PARENTS, PARENT EDUCATION, FAMILY LITERACY, AND DRUG AND ALCOHOL PREVENTION		1,550,295
SOLUTIONS TO VIOLENCE - THE SOLUTIONS TO VIOLENCE DIVISION INCLUDES A SHELTER FOR BATTERED WOMEN AND THEIR CHILDREN, DOMESTIC VIOLENCE COUNSELING AND SUPPORT GROUPS, DOMESTIC VIOLENCE PREVENTION AND COMMUNITY EDUCATION, DOMESTIC VIOLENCE LEGAL SERVICES CLINIC, 24 HOUR RAPE CRISIS LINE, CHILD ABUSE PREVENTION PROGRAMS AND SERVICES, TEEN ASSAULT AWARENESS PROGRAMS, COUNSELING FOR SEXUAL ASSAULT SURVIVORS, BATTERER'S INTERVENTION, AND SUPERVISED VISITATION FOR CHILDREN		1,211,719.
	<u>\$ 0.</u>	<u>\$ 6,557,432</u>

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM DEPREC</u>	<u>BOOK VALUE</u>
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 29,675	\$ 9,266	\$ 20,409.
MACHINERY AND EQUIPMENT	154,909	150,678	4,231
BUILDINGS	1,243,206	335,229	907,977.
IMPROVEMENTS	42,647	41,834	813.
LAND	409,941		409,941.
MISCELLANEOUS	1,040	1,040	0
TOTAL	<u>\$ 1,881,418</u>	<u>\$ 538,047</u>	<u>\$ 1,343,371</u>

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED EXPENSES	\$ 180,884
OTHER CURRENT LIABILITIES	71,376
TOTAL	<u>\$ 252,260</u>

FEDERAL STATEMENTS
COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS

STATEMENT 7
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MINDY CABRAL 500 TENNANT STATION MORGAN HILL, CA 95037	SECRETARY/TREAS 5	\$ 0	\$ 0	\$ 0
DOLORES FERRIERA 7455 CARMEL STREET GILROY, CA 95020	MEMBER 5	0	0	0
DEBORAH MORTON-PADILLA 490 JARVIS DRIVE MORGAN HILL, CA 95037	INTERIM CHAIR 5	0	0	0
BILL BROWN 275 TENNANT AVE MORGAN HILL, CA 95037	MEMBER 5	0	0	0
JIM FREEZE 758 MARIA WAY GILROY, CA 95020	MEMBER 5	0	0	0
JULIA LEE PO BOX 1763 MORGAN HILL, CA 95038	MEMBER 5	0	0.	0
JADA MATTERT-GURLEY 531 S MAIN STREET SALINAS, CA 93901	MEMBER 5	0	0	0.
STEPHEN PENN 16360 MONTEREY ROAD #120 MORGAN HILL, CA 95037	MEMBER 5	0	0	0
JANE SOLOMON 490 JARVIS DRIVE MORGAN HILL, CA 95037	MEMBER 5	0	0	0
ARDYCE SWENSON 830 WILLARD COURT GILROY, CA 95020	MEMBER 5	0	0	0
TOTAL		<u>\$ 0.</u>	<u>\$ 0</u>	<u>\$ 0.</u>

2001

FEDERAL STATEMENTS
COMMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS

PAGE 4

23-7351215

STATEMENT 8
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
OTHER INCOME	\$ 63,915	\$ 0	\$ 0	\$ 0	\$ 63,915
TOTAL	<u>\$ 63,915</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 63,915</u>

2001 FEDERAL BOOK DEPRECIATION SCHEDULE

COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES AND INDIVIDUALS

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR SCHEDULE ONLY																
AUTO / TRANSPORT EQUIPMENT																
39	1998 CHEVY VAN	6/01/00		12,050							12,050	2,449	S/L	5		2,410
42	1995 TAURUS SEDAN	3/15/01		6,690							6,690	335	S/L	5		1,338
43	1994 CAMRY SEDAN	3/15/01		10,935							10,935	546	S/L	5		2,187
TOTAL AUTO / TRANSPORT EQUIP				29,675	0	0	0	0	0	0	29,675	3,330				5,935
BUILDINGS																
6	MAIN STREET	8/01/89		263,317							263,317	70,565	S/L	40		6,583
7	DEPOT STREET	6/15/87		142,117							142,117	50,036	S/L	40		3,553
8	ROOM ADDITIONS	8/01/89		18,270							18,270	4,003	S/L	40		457
24	6940 GLENVIEW	6/30/97		207,700							207,700	20,772	S/L	40		5,193
25	370 WALNUT LANE	6/30/97		180,924							180,924	18,056	S/L	40		4,523
26	780 MARIA WAY	6/30/97		238,439							238,439	23,739	S/L	40		5,961
27	MARK ROSS COURT	10/01/96		140,000							140,000	114,262	S/L	40		3,500
35	DEPOT REPAIR	9/01/98		1,706							1,706	179	S/L	40		44
36	MARIA REHAB	4/15/99		5,912							5,912	296	S/L	40		148
37	WALNUT REHAB	4/15/99		30,022							30,022	1,502	S/L	40		751
38	GLENVIEW REHAB	4/15/99		14,800							14,800	740	S/L	40		370
TOTAL BUILDINGS				1,243,207	0	0	0	0	0	0	1,243,207	304,150				31,083
IMPROVEMENTS																
12	BLINDS	8/01/94		1,734							1,734	1,734	S/L	6		0
13	PARTITIONS	8/01/94		8,912							8,912	8,912	S/L	6		0
16	IMPROVEMENTS FAMILY CTR	3/01/96		8,692							8,692	8,692	S/L	5		0

6/30/02

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
28	DISCOVER ALTERN IMPROVEMT	10/01/96		6,920							6,920	6,920	S/L	3		0
29	SYCC IMPROVEMENTS	10/01/96		2,075							2,075	1,530	S/L	3		0
30	PLUMBING REPAIRS	12/01/96		1,017							1,017	1,017	S/L	5		0
31	FAMILY CENTER ROOF ETC	3/01/98		7,048							7,048	7,048	S/L	5		0
40	CABLING POLYTRON	3/31/00		6,249							6,249	3,553	S/L	3		2,428
TOTAL IMPROVEMENTS																
				42,647		0	0	0	0	0	42,647	39,406				2,428
LAND																
14	LAND MAIN	8/01/89		87,500							87,500					0
15	LAND DEPOT	6/01/87		70,307							70,307					0
17	LAND MARK ROSS COURT	10/01/96		45,000							45,000					0
18	LAND GLEN VIEW	6/30/97		69,235							69,235					0
19	LAND WALNUT LANE	6/30/97		59,829							59,829					0
20	LAND MARIA WAY	6/30/97		78,070							78,070					0
TOTAL LAND																
				409,941		0	0	0	0	0	409,941	0				0
MACHINERY AND EQUIPMENT																
1	TELEPHONE	7/01/88		4,320							4,320	4,320	S/L	5		0
2	COPIER	10/01/89		1,895							1,895	1,895	S/L	5		0
3	COMPUTER	6/01/88		1,238							1,238	1,238	S/L	5		0
4	EQUIPMENT	VARIOUS		72,568							72,568	72,568	S/L	5		0
5	COMPUTER	2/15/96		4,955							4,955	4,954	S/L	3		0
10	COMPUTERS (FRY S)	1/01/97		4,406							4,406	4,408	S/L	5		0
11	COMPUTERS (CENTURION)	5/01/97		13,959							13,959	11,834	S/L	5		2,125
21	DISCOVER ALTERN FURNITURE	10/01/96		25,000							25,000	25,000	S/L	5		0
22	SYCC EQUIPMENT	10/01/96		11,646							11,646	9,781	S/L	5		1,530

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	PRIOR SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
23	SVCC FURNITURE	10/01/96		3,285							3,285	3,285	S/L	5		0
32	COMPUTER	8/01/98		3,385							3,385	1,625	S/L	5		677
33	MAS90 CLIENT SERVER	8/01/98		6,347							6,347	2,973	S/L	5		1,269
34	LAPTOP COMPUTER	5/01/99		1,904							1,904	815	S/L	5		381
TOTAL MACHINERY AND EQUIPME																
				154,908		0	0	0	0	0	154,908	144,696				5,982
MISCELLANEOUS																
9	LOAN FEES SWNB	7/01/01		1,040							1,040		S/L	1		1,040
TOTAL MISCELLANEOUS																
				1,040		0	0	0	0	0	1,040	0				1,040
TOTAL DEPRECIATION																
				1,881,418		0	0	0	0	0	1,881,418	491,582				46,468
GRAND TOTAL DEPRECIATION																
				1,881,418		0	0	0	0	0	1,881,418	491,582				46,468