

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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, 20 02

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Organization Name: BILL WILSON MARRIAGE & FAMILY COUNSELING, 3490 THE ALAMEDA, SANTA CLARA, CA 95050

D Employer Identification Number: 94-2221849, E Telephone number: 408-243-0222, F Accounting method: Accrual

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

- H (a) Is this a group return for affiliates? No
H (b) If yes, enter number of affiliates
H (c) Are all affiliates included? No
H (d) Is this a separate return filed by an organization covered by a group ruling? No
I Enter 4-digit group GEN
M Check if the organization is not required to attach Schedule B

G Web site: WWW.BILLWILSONCENTER.ORG

J Organization type: 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12: 5,667,335

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows detailing Revenue (lines 1-12), Expenses (lines 13-17), and Results (lines 18-21). Includes sub-rows for public support, gross rents, and special events.

SCANNED OCT 07 2002

SEP 27 2002

EXPENSES RESULTS

**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	3,024,988	2,797,564	190,407
27	Pension plan contributions	27			
28	Other employee benefits	28	284,027	260,844	20,794
29	Payroll taxes	29	242,401	227,044	13,302
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	86,023	83,761	1,715
34	Telephone	34	50,913	46,509	3,918
35	Postage and shipping	35	7,436	5,065	2,221
36	Occupancy	36	129,324	118,010	11,314
37	Equipment rental and maintenance	37	245,255	233,723	10,778
38	Printing and publications	38	31,019	21,057	8,954
39	Travel	39	45,324	39,317	5,944
40	Conferences, conventions, and meetings	40	2,892	1,705	1,172
41	Interest	41	25,692		25,692
42	Depreciation, depletion, etc (attach schedule)	42	126,292	84,993	41,299
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 3	43a	600,100	654,891	-60,985
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	4,901,686	4,574,483	276,525

Joint Costs. Check  if you are following SOP 98 2

Are 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 Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>ADULT &amp; FAMILY SERVICE - PROVIDES COUNSELING TO INDIVIDUALS &amp; FAMILIES</u>  (Grants and allocations \$ _____)	399,271
b <u>CHILDREN &amp; YOUTH DEVELOPMENT - PROVIDES HOUSING, COUNSELING &amp; EDUCATION TO CHILDREN &amp; YOUTHS</u>  (Grants and allocations \$ _____)	4,072,427
c <u>HOMELESS/EMERGENCY ASSISTANCE AND EMPLOYMENT PROVIDES ASSISTANCE TO HOMELESS PERSONS AND PERSONS WHO HAVE EXPERIENCED AN EMERGENCY</u>  (Grants and allocations \$ _____)	102,785
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)	4,574,483

**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		45	
	46 Savings and temporary cash investments	386,783.	46	293,382
	47 a Accounts receivable	47 a 2,413.		
	b Less allowance for doubtful accounts	47 b	10,376.	47 c 2,413
	48 a Pledges receivable	48 a 121,120.		
	b Less allowance for doubtful accounts	48 b	320,352.	48 c 121,120
	49 Grants receivable		580,641.	49 930,835.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b 22,120.	-31,541.	51 c -22,120
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		52,251.	53 77,007.
	54 Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54
	55 a Investments — land, buildings, & equipment basis	55 a		
b Less accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments — other (attach schedule)		900,144	56 669,228	
57 a Land, buildings, and equipment basis	57 a 5,854,597			
b Less accumulated depreciation (attach schedule) <b>STATEMENT 5</b>	57 b 891,918	4,527,259.	57 c 4,962,679	
58 Other assets (describe <input type="checkbox"/> <b>SEE STATEMENT 6</b> )		17,130.	58 19,707	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		6,763,395.	59 7,054,251	
LIABILITIES	60 Accounts payable and accrued expenses		420,769	60 463,481.
	61 Grants payable			61 105,000.
	62 Deferred revenue		14,497.	62 19,136
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64 a Tax-exempt bond liabilities (attach schedule)			64 a
	b Mortgages and other notes payable (attach schedule)		399,869	64 b 120,640
	65 Other liabilities (describe <input type="checkbox"/> )			65
66 <b>Total liabilities</b> (add lines 60 through 65)		835,135.	66 708,257.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted		1,737,553	67 1,956,555
	68 Temporarily restricted		615,210.	68 879,259.
	69 Permanently restricted		3,575,497.	69 3,510,180
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		5,928,260	73 6,345,994.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		6,763,395.	74 7,054,251

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 VI Other Information** (See specific instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>76</b>	<b>X</b>
<b>77</b> 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	<b>77</b>	<b>X</b>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	<b>78b</b>	<b>N/A</b>
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<b>79</b>	<b>X</b>
<b>80a</b> 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?	<b>80a</b>	<b>X</b>
<b>b</b> If 'Yes,' enter the name of the organization ▶ <u>N/A</u>		
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions.	<b>81a</b>	<b>0</b>
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	<b>X</b>
<b>82a</b> 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?	<b>82a</b>	<b>X</b>
<b>b</b> 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.)	<b>82b</b>	<b>N/A</b>
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	<b>X</b>
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	<b>N/A</b>
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	<b>N/A</b>
<b>b</b> Did the organization make only in house lobbying expenditures of \$2,000 or less? 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	<b>85b</b>	<b>N/A</b>
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	<b>N/A</b>
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	<b>N/A</b>
<b>e</b> Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	<b>85e</b>	<b>N/A</b>
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	<b>N/A</b>
<b>g</b> Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	<b>85g</b>	<b>N/A</b>
<b>h</b> 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?	<b>85h</b>	<b>N/A</b>
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	<b>N/A</b>
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	<b>N/A</b>
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	<b>N/A</b>
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	<b>N/A</b>
<b>88</b> 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	<b>88</b>	<b>X</b>
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ <u>0</u> , Section 4912 ▶ <u>0</u> , Section 4955 ▶ <u>0</u>		
<b>b 501(c)(3) and 501(c)(4) organizations</b> 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	<b>89b</b>	<b>X</b>
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		<b>0</b>
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		<b>0.</b>
<b>90a</b> List the states with which a copy of this return is filed ▶ <u>CALIFORNIA</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	<b>90b</b>	<b>84</b>
<b>91</b> The books are in care of ▶ <u>BILL WILSON CENTER</u> Telephone number ▶ <u>408-243-0222</u> Located at ▶ <u>3490 THE ALAMEDA, SANTA CLARA, CA</u> ZIP + 4 ▶ <u>95050</u>		
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>92</b>	<b>N/A</b>

**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 <b>PROGRAM SERVICE FEES</b>					80,932.
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	26,305.	
96 Dividends & interest from securities			18	6,980.	
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	1			
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					1,388.
101 Net income or (loss) from special events			2	28,657	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b <b>MISCELLANEOUS INCOME</b>					4,377
c <b>UNREALIZED LOSS ON IN</b>			18	-62,723.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1		-781.	86,697
105 Total (add line 104, columns (B), (D), and (E))					85,917.

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)
▼	SEE STATEMENT 10

**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	0			
	0			
	0			
	0			

**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.

SEP 9, 2002  
Date



**Part III** Statements About Activities (See instructions)

	Yes	No
<p>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 ▶ \$ <u>                    </u> <b>N/A</b></p> <p><b>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</b></p> <p>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</p>		<b>X</b>
<p>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)</p> <p>a Sale, exchange, or leasing of property?</p>	<b>2a</b>	<b>X</b>
b Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
c Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
e Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	<b>3</b>	<b>X</b>
4 Do you have a section 403(b) annuity plan for your employees?	<b>4</b>	<b>X</b>

**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)	3,918,973.	4,621,149	4,096,361.	3,363,827.	16,000,310.
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	98,372.	115,324.	87,592.	66,846	368,134.
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	45,325.	101,409	154,257	70,222	371,213
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 <b>SEE STMT 11</b>	6,840.	74,649.	22,730.	40,137	144,356.
23 Total of lines 15 through 22	4,069,510.	4,912,531	4,360,940.	3,541,032	16,884,013
24 Line 23 minus line 17	3,971,138.	4,797,207.	4,273,348	3,474,186	16,515,879
25 Enter 1% of line 23	40,695.	49,125	43,609	35,410	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				▶ 26a 330,318.
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					▶ 26b
c Total support for Section 509(a)(1) test Enter line 24, column (e)					▶ 26c 16,515,879
d Add Amounts from column (e) for lines	18	371,213.	19		▶ 26d 515,569.
	22	144,356.	26b		▶ 26e 16,000,310.
e Public support (line 26c minus line 26d total)					▶ 26f 96.88 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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		▶ 27c
	17	20	21		▶ 27d
d Add Line 27a total and line 27b total					▶ 27e
e Public support (line 27c total minus line 27d total)					▶ 27f
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					▶ 27g 8
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					▶ 27h 8
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

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?	32a	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
	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 ) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to		
	a Students' rights or privileges?	33a	
	b Admissions policies?	33b	
	c Employment of faculty or administrative staff?	33c	
	d Scholarships or other financial assistance?	33d	
	e Educational policies?	33e	
	f Use of facilities?	33f	
	g Athletic programs?	33g	
	h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	33h	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
	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	34b	
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	35	

**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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
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		
<b>The lobbying nontaxable amount is –</b>		
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 )

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

**BILL WILSON MARRIAGE & FAMILY COUNSELING**

Employer Identification Number

**94-2221849**

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

**BILL WILSON MARRIAGE & FAMILY COUNSELING**

**94-2221849**

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- ----- -----	\$ 458,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number	ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	----- ----- ----- -----	\$ 222,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number	ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	----- ----- ----- -----	\$ 778,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number	ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	----- ----- ----- -----	\$ 609,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number	ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	----- ----- ----- -----	\$ 203,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution )
(a) Number	ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	----- ----- ----- -----	\$ 808,553.	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

**BILL WILSON MARRIAGE & FAMILY COUNSELING**

**94-2221849**

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 515,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
8	----- ----- -----	\$ 173,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
9	----- ----- -----	\$ 119,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
10	----- ----- -----	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
11	----- ----- -----	\$ 250,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
12	----- ----- -----	\$ 110,000.	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

**BILL WILSON MARRIAGE & FAMILY COUNSELING**

**94-2221849**

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	----- ----- -----	\$ 131,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash 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

**BILL WILSON MARRIAGE & FAMILY COUNSELING**

**94-2221849**

**Part II Noncash Property**

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

Name of Organization

Employer Identification Number

**BILL WILSON MARRIAGE & FAMILY COUNSELING**

**94-2221849**

**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	

## BILL WILSON MARRIAGE &amp; FAMILY COUNSELING

94-2221849

STATEMENT 1  
FORM 990, PART I, LINE 8  
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE 226,053  
COST OR OTHER BASIS 224,665

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 1,388.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 1,388.

STATEMENT 2  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRIBUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
GOLF TOURNAMENT	38,640.	0.	38,640.	18,929.	19,711
WALK FOR AIDS	9,946.	0.	9,946.	1,000.	8,946
CIRQUE DE SOLIEL	0.	0.	0.	0.	0.
TOTALS	\$ <u>48,586.</u>	\$ <u>0.</u>	\$ <u>48,586.</u>	\$ <u>19,929.</u>	\$ <u>28,657.</u>

STATEMENT 3  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT &amp; GENERAL</u>	(D) <u>FUNDRAISING</u>
FOOD & BEVERAGE	83,063.	82,432.	631.	
INSURANCE	55,180	45,627	8,777.	776.
LESS EXPENSES ALLOC TO UBTI	-103,321		-103,321.	
MEMBERSHIPS/DUES/LICENSES	8,472.	4,927.	3,152.	393
MISCELLANEOUS	21,073.	21,073.		
PAYMENTS TO SUBRECIPIENTS	105,190.	105,190.		
PROFESSIONAL FEES	198,803.	192,075.	3,407.	3,321.
RECRUITING & TRAINING COSTS	15,578.	8,865.	5,911	802.
SERVICE CHARGES	15,216.	6,287.	8,788	141.
SPECIFIC ASSISTANCE	128,596.	128,184.	412.	
UTILITIES	72,250.	60,231.	11,258.	761.
TOTAL	\$ <u>600,100.</u>	\$ <u>654,891.</u>	\$ <u>-60,985.</u>	\$ <u>6,194.</u>

STATEMENT 4  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE HOUSING AND COUNSELING SERVICES TO CHILDREN, YOUTH, ADULTS AND FAMILIES

## BILL WILSON MARRIAGE &amp; FAMILY COUNSELING

94-2221849

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	\$ 126,772.	\$ 75,862.	\$ 50,910.
FURNITURE AND FIXTURES	208,291.	174,265.	34,026.
BUILDINGS	3,753,281	628,501.	3,124,780.
IMPROVEMENTS	47,596.	13,290.	34,306.
LAND	1,718,657		1,718,657.
<b>TOTAL</b>	<b>\$ 5,854,597</b>	<b>\$ 891,918.</b>	<b>\$ 4,962,679.</b>

STATEMENT 6  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

DEPOSITS	\$ 16,035.
LOAN FEES, NET OF AMORTIZATION	3,672.
<b>TOTAL</b>	<b>\$ 19,707.</b>

STATEMENT 7  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

RENTAL EXPENSES DEDUCTED FROM INCOME	\$ 103,321.
<b>TOTAL</b>	<b>\$ 103,321.</b>

STATEMENT 8  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS

RENTAL EXPENSES NETTED AGAINST INCOME	\$ 103,321.
<b>TOTAL</b>	<b>\$ 103,321.</b>

STATEMENT 9  
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 &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
NICK LIVAK 3490 THE ALAMEDA SANTA CLARA, CA 95052	VICE PRESIDENT 5	\$ 0.	\$ 0	\$ 0.

## BILL WILSON MARRIAGE &amp; FAMILY COUNSELING

94-2221849

STATEMENT 9 (CONTINUED)  
 FORM 990, PART V  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHRIS HALLIWELL 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
ANITA WOTIZ 3490 THE ALAMEDA SANTA CLARA, CA 95052	PRESIDENT 5	0.	0	0.
DON CALLEJON 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0.	0	0.
GEORGE DELUCCI 3490 THE ALAMEDA SANTA CLARA, CA 95052	TREASURER 5	0	0.	0.
MARY EMERY 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0.	0.	0.
JAMES GORDON 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0	0.	0.
ALEX WILSON 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0	0.	0.
LOUIS M. HOLSCHER 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0	0.	0
LISA M. ARIETA 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0.	0.	0
SYLVIA GALLEGOS 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0	0.	0.
STEFANI BURGETT 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0.	0.	0
TOTAL		\$ 0	\$ 0.	\$ 0

STATEMENT 10  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	FEEES RECEIVED FROM CLIENTS ON AN ABILITY TO PAY BASIS. THE FEES RECEIVED CORRESPOND TO THE AGENCY'S NON-PROFIT PROGRAMS
100E	LOSS ON DISPOSAL OF ASSETS USED IN THE AGENCY'S NON-PROFIT PROGRAMS.
103B	MISCELLANEOUS INCOME RECEIVED FROM ACTIVITIES RELATED TO THE AGENCY'S NON-PROFIT PROGRAMS.

STATEMENT 11  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
MISCELLANEOUS INCOME	\$ 6,840.	\$ 74,649.	\$ 22,730.	\$ 40,137	\$ 144,356.
TOTAL	<u>\$ 6,840</u>	<u>\$ 74,649.</u>	<u>\$ 22,730.</u>	<u>\$ 40,137</u>	<u>\$ 144,356.</u>