Return of Organization Exempt from Income Tax

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

OMB No 1545 0047 2003

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	he 2003 calend	lar year, o	r tax year beginni	ng 7/0	1	, 2003,	and e	nding	6/30	1		, 2004			
В	Check	ıf applicable									D Empl	loyer I d e	ntification Number			
	∏ Ac	idress change	Please use IRS label				R CHILDREN,				23	- 735	1215			
	\prod_{N}	ame change	or print or type	FAMILIES A						Ī	E Telep	ohone nu	ımber			
	\vdash	itial return	Sée specific	16264 CHURG			.03				40	108-779-5773				
	\vdash	nal return	instruc- tions.	MORGAN HILI	J, CA 95	037						unting od:		Accrual		
	\vdash	mended return								ļ		Other (sp	~ -			
	\vdash	oplication pending	- Soctic	on 501(c)(3) organ	izations and	1917/	aV1) popovompt		H and I	are not applic			7 organizations			
	۰,۰	pproduction perioring	charit	able trusts must a	ittach a com	pleted	Schedule A			Is this a group				X No		
			(Form	990 or 990-EZ).					٠,	If 'Yes,' enter nu						
G	Web	site: ► N/A								Are all affiliat			Yes	No		
J	Orga	nization type				_	_	,	(0)	(If 'No,' attacl				□		
		k only one		X 501(c)	3 ◀ (insert n	0)	4947(a)(1) or	527	H (4)	Is this a sepa			·			
K			_	nization's gross re	•	-			(4)	organization of		-		X No		
							t if the organization without financial da		1	Group Exe				[11] 110		
		e states requir			iodia inc a re	· (uiii v	vitriout iiriariciai ac	ŀ	M	Check ►			ration is not require	vd		
_	Gross	s receipts Add	Lines 6h	8b, 9b, and 10b t	o line 12 ▶	7 02	7 104		•••				0, 990-EZ, or 990-P			
Pa	14						sets or Fund	Ralai	nces							
iM	1		•	ints, and similar a			SCIS OF FUITURE	Dairai	1003	(See man	ictions	1				
	1	Direct public :		into, and ominar a	mounts rece	iveu.		1a	J	538,	360]				
	l .	Indirect public						16	+	146,		1				
		Government		una (aranta)				10	-	5,444,						
	ď	Total (add lines la through lc) (ca			ο .	ė	21 012		1	3,444,	300.		6,129	150		
	_			6,098,13			31,012					1 d		, 130.		
	2				nment tees	and co	ontracts (from Par	t vII, I	ine 93)		2	332	,001.		
	3	Membership				_						3		401		
	4	Interest on sa	avings and	Ltemporary ogen- fron Recounted V								5	<u>5</u> ,	<u>, 401 .</u>		
ı	5		a interest	montrescondes v	——————————————————————————————————————			ء ا	ı	1.04	024	2				
Ì	1	Gross rents	-		NS IS	ł		6a	_	164,	834.					
	D	Less: rental e	xpenses ?	CI DCT 1.7	2004 19	L.		6ь	91			'.	1.64	024		
,)	_			ss) (subtract line	6b from	ba)					_	6 c	164	,834.		
REVENTU	7	Other investm	nent in c on	re (describe	119	-	44.0	7	·	6 2.011)	7				
Ž Į	8a	Gross amoun		es OGDEN	, 01	<u>}</u>	(A) Securities	 _	-	(B) Other						
	١.	than inventor	•			-		8 a								
E	l .			is and sales expe	nses	-		86	1							
	1	Gain or (loss) (al		•	44.			8 c	1							
		• ,		bine line 8c, colur	, ,	` ''				<u>~</u> 1	_	8d		-		
	1				edule). If any	amou	unt is from gaming	, cned	ck ner	e -						
	a	Gross revenu		luding \$			of contributions	: _	1	: 00						
	١.	reported on li	•					9a	_	102,		, 1				
			•	other than fundrai	5 .			9 Ь			818.		20	206		
	i		• •	om special events	•		rom line 9a)	i	1	STATEME	NT I	9 c	32,	<u>, 396 .</u>		
	1			y, less returns an	d allowances	•		10 a								
	1	Less: cost of						10 b	<u> </u>			1				
	C			tes of inventory (attach	schedule) (sub	tract lin	e 10b from line 10a)					10 c				
	11			art VII, line 103)								11		, 424.		
_	12		•	s 1d, 2, 3, 4, 5, 6		10c, a	nd 11)					12	6,957			
Ē	13			line 44, column								13	6,846			
E X P	14			ral (from line 44,	column (C))							14		494.		
E N	15			14, column (D))								15	66,	762.		
ENSES	16			attach schedule)								16				
	17			nes 16 and 44, col			·····					17	7,413			
A	18			he year (subtract								18	-456,			
N S E E	19			inces at beginning								19	1,467			
ŤĘ	20	Other change	s in net a	ssets or fund bala	nces (attach	expla	nation)	S	SEE	STATEME	NT 2	20		<u>,127.</u>		
_s	21	Net assets or	fund bala	nces at end of ye	ar (combine	lines 1	18, 19, and 20)					21		<u>, 947 .</u>		
BA	A For	r Paperwork R	eduction <i>i</i>	Act Notice, see th	e separate in	struct	ions.		TEEA	0107L 10/03/	03		Form 99	0 (2003)		

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 Part II

Ĺ	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)	ļ	• • • •						
	(cash \$,			
	non-cash \$)	22				, ,			
23		23							
24 25	Benefits paid to or for members (att sch) Compensation of officers, directors, etc	25							
26	' '	26	4,121,976.	3,713,781.	370,854.	37,341.			
27	-	27	59,387.	54,144.	4,691.	552.			
28	Other employee benefits	28	637,664.	580,712.	50,318.	6,634.			
29	Payroll taxes	29	608,100.	555,128.	48,102.	4,870.			
30	Professional fundraising fees	30							
31	Accounting fees	31							
32	Legal fees	32							
33	Supplies	33	136,515.	133,477.	1,918.	1,120.			
34	Telephone	34	81,056.	78,393.	2,418.	245.			
35	Postage and shipping	35	6,371.	5,409.	241.	721.			
36	Occupancy	36	769,338.	766,640.	1,242.	1,456.			
37	Equipment rental and maintenance	37	80,784.	79,593.	795.	396.			
38	Printing and publications	38	32,725.	26,230.	440.	6,055.			
39	Travel	39	72,997.	70,701.	2,119.	177.			
40	Conferences, conventions, and meetings	40	27,402.	23,000.	1,739.	2,663.			
41	Interest	41	34, 439.	34,439.					
42		42	46,221.	39,470.	6,707.	44.			
	Other expenses not covered above (itemize)			505 006	0.010	4 400			
a	SEE STATEMENT 3	43a	698,424.	685,026.	8,910.	4,488.			
t)	43b							
C	:	43c	*****		 .	*-			
C	! 	43 d							
44	; 	43e							
44	Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	7,413,399.	6,846,143.	500,494.	66,762.			
Join	t Costs. Check I if you are following	SOP 9	8-2						
	any joint costs from a combined educationa		· · · · · · · · · · · · · · · · · · ·			► Yes X No			
	es,' enter (i) the aggregate amount of these	•	· 		nount allocated to Progr				
\$_		ocated	to Management and ger	neral \$, and (iv) th	e amount allocated			
Par		vico A	ccomplishments						
	t is the organization's primary exempt purp			TH AND SUPPORT	TVE SERVICES	Program Service Expenses			
						(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)			
clien	rganizations must describe their exempt puts served, publications issued, etc. Discussons and 4947(a)(1) nonexempt charitable to	achiev	ements that are not mea	surable (Section 501(c)	(3) & (4) organ-	4947(a)(1) trusts, but			
	SEE STATEMENT 4	usts III	ast also criter the amoun	it of grants & anocations	to others /	optional for others y			
			Grants and	d allocations \$		6,846,143.			
b)		V=0.000 0000			,,			
									
(Grants and allocations \$									
c	:								
(Grants and allocations \$									
d									
	(Grants and allocations \$								
е	Other program services		(Grants and	d allocations \$)				
f	Total of Program Service Expenses (show	uld equ	ial line 44, column (B), F	rogram services)	•	6,846,143.			

Part IV Balance Sheets (See Instructions)

Note:	: Wh	ere required, attached schedules and amounts within umn should be for end-of-year amounts only.	the description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		3,860.	45	210
	46	Savings and temporary cash investments		1,138,193.	46	925,086.
		Accounts receivable Dess allowance for doubtful accounts	47а 2,335. 47ь	6,600.	47 c	2,335
	ь	Pledges receivable Less: allowance for doubtful accounts	48a 254,876. 48b	179,051.	48 c	254,876
i	49	Grants receivable	925,227.	49	819,081	
A S S E T S	50	Receivables from officers, directors, trustees, and keeployees (attach schedule)	ey		50	
Ĕ	51 a	Other notes & loans receivable (attach sch)	51 a		7	
ś	b	Less: allowance for doubtful accounts.	allowance for doubtful accounts. 51 b			
		Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		85,255.	53	70,087
	54	Investments - securities (attach schedule)	_		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)			56	
	57 a	Land, buildings, and equipment basis	57a 1,953,246.			
	ь	Less: accumulated depreciation (attach schedule) STATEMENT 5	57ь 631,191.	1,368,276.	57 c	1,322,055
	58	Other assets (describe •		58		
	59	Total assets (add lines 45 through 58) (must equal li	3,706,462.	59	3,393,730	
	60	Accounts payable and accrued expenses.		511,175.	60	659,567
ㅏ	61	Grants payable			61	
Å B	62	Deferred revenue	ļ		62	110,671
Ĭ	63	Loans from officers, directors, trustees, and key employees (attach	schedule)		63	
Ĭ		Tax-exempt bond liabilities (attach schedule)	ļ		64 a	
Ė		Mortgages and other notes payable (attach schedule)		1,475,389.	64 b	1,431,198
E S		Other liabilities (describe SEE STATEMENT	6	252,711.	65	394,347
_		Total liabilities (add lines 60 through 65)		2,239,275.	66	2,595,783
N	Organ	·	nd complete lines 67			
F		through 69 and lines 73 and 74.		1 100 000	/	456 450
Ą	67	Unrestricted		1,193,033.	67	456,470
AWWELL	68	Temporarily restricted		274,154.	68	341,477
		Permanently restricted			69	
R C	Organ	izations that do not follow SFAS 117, check here	and complete lines			
E	70	70 through 74.			70 1	
F D D		Capital stock, trust principal, or current funds	inment fund		70 71	
Β	71 72	Paid-in or capital surplus, or land, building, and equ	•		72	
£	72		<i>'</i>		12	
BALANCES		Total net assets or fund balances (add lines 67 through 72, column (A) must equal line 19, column (B) must	1,467,187.	73	797,947	
	74	Total liabilities and net assets/fund balances (add lin	nes 66 and 73)	3,706,462.	74	3,393,730

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

Par	TIV-A Reconciliation of Reven Financial Statements with per Return (See Instruction	th Revenue	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return					
а	Total revenue, gains, and other support per audited financial statements	a 6,957,286.	а	Total expenses and linancial statements	osses per audited	a	7,413,399.	
Ь	Amounts included on line a but not on line 12, Form 990		b	Amounts included or on line 17, Form 990			,	
(1)	Net unrealized gains on investments \$		(Donated serv- ices and use of facilities \$			۶,	
(2)	Donated services and use of facilities \$		(2) Prior year adjust- ments reported on line 20, Form 990 \$,	
` '	Recoveries of prior year grants \$			3) Losses reported on line 20, Form 990 \$ 4) Other (specify):			124	
(4)							(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
С	Add amounts on lines (1) through (4) Line a minus line b	b c 6,957,286.	c	Add amounts on lines (1) Line a minus line b	through (4)	b c	7,413,399.	
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on	line 17, line a:		the second	
(1)	Investment expenses not included on line 6b, Form 990 \$	W.3	. (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 line	es (1) and (2)	d	13 Man - 15 i	
e	Total revenue per line 12, Form 990 (line c plus line d)	e 6,957,286.	e	Total expenses per l 990 (line c plus line	d) <u>►</u>	e	7,413,399.	
Par	V . List of Officers, Directors							
	(A) Name and address	(B) Title and average ho per week devoted to position	ours	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferre compensation	ıt	(E) Expense account and other allowances	
SEE	STATEMENT 7							
				0.		0.	0.	
		_						
				<u> </u>				
		_						
		_						
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related of the trusteen sense was true.	and all related organizations?				▶[Yes X No	
BAA	If 'Yes,' attach schedule – see instruc	ctions.					Form 990 (2003)	

Pa	rt VI Other Information (See 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	76	1,	х		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X		
	If 'Yes,' attach a conformed copy of the changes.		,	"		
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х		
ŀ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	N,	'Α		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the			7.		
	year? If 'Yes,' attach a statement	79		X		
80 a	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?	80a		X		
ŀ	olf 'Yes,' enter the name of the organization ► N/A		3 3			
	and check whether it is exempt or nonexempt.		1	1 4		
81 a	Enter direct and indirect political expenditures. See line 81 instructions 81a 0.		,			
ŀ	Did the organization file Form 1120-POL for this year?	81 b		X		
82 a	a 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?	82a	1.	 Х		
	off 'Yes,' you may indicate the value of these items here. Do not include this amount as		32.2	,		
•	revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		,	1		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?						
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?						
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were						
not tax deductible?						
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?						
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.		٠	′″ 🤅		
(: Dues, assessments, and similar amounts from members 85c N/A		91 m	23		
•	Section 162(e) lobbying and political expenditures 85d N/A		-"	:		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		11/1/			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A					
ç	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g		A		
	of 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?	85h	N,	ľΑ		
86	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on					
	line 12 86a N/A					
t	Gross receipts, included on line 12, for public use of club facilities 86b N/A					
87	501(c)(12) organizations Enter a Gross income from members or shareholders. 87a N/A		900	111		
	Gross income from other sources. (Do not net amounts due or paid to other sources		1	20		
•	against amounts due or received from them) 87b N/A		51	,		
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	88	i	х		
20 s	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under	-00				
052	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.		11	" 3		
			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	. '		
t	1501(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	89b		X		
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the					
	year under sections 4912, 4955, and 4958			0.		
C	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.		
90 a	List the states with which a copy of this return is filed CALIFORNIA					
t	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90 b		129		
91	The books are in care of ► MAGGIE WILLIAMS Telephone number ► 408-779-57	73				
	Located at ► 16264 CHURCH STREET , MORGAN HILL CA ZIP + 4 ► 9503		- 	_ 		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	\overline{N}	Α	▶		
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A		
BAA		Form	990	(2003)		

r git yti	Allalysis of illcome-Frodu			1	ection 512, 513, or 514	
Note: Enterotherwise in	r gross amounts unless ndicated	(A) Business code	d business income (B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
	gram service revenue: UNSELING FEES/BOARD					532,081.
ь <u> </u>						
ċ						
d						
e	dicare/Medicaid payments					
	& contracts from government agencies			-		
•	mbership dues and assessments			-		
	est on savings & temporary cash invmnts			14	5,401.	
96 Divi	dends & interest from securities					
97 Net i	rental income or (loss) from real estate	, ,	· ,			
a deb	t-financed property			3	164,834.	
	debt-financed property					
	rental income or (loss) from pers prop					
	er investment income					
100 Gai	n or (loss) from sales of assets er than inventory					,
	ncome or (loss) from special events					32,396.
	s profit or (loss) from sales of inventory					
103 Oth	er revenue: a		,	1 11		
ь MI	SCELLANEOUS & VENDI					93,424.
с						
d						
e					170 005	657.001
	otal (add columns (B), (D), and (E))				170,235.	657,901.
	al (add line 104, columns (B), (D), a	• • •			-	828,136.
	105 plus line 1d, Part I, should equ			Evenunt Burnes	******************************	
	Relationship of Activities t					
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	ses (other the	an by providing funds	for such purposes	5)	
93A	COUNSELING FEES ARE R	ECEIVED E	BASED ON AN AL	BILITY TO PA	Y SCALE DETERM	INED BY LOCAL
1027	VENDING AND OTHER INC	OME TO III	CED TO OFFCET	DDOCDAM DET	ATED CUDDIV EV	DENCEC
103A	VENDING AND OTHER INC	OME 12 03	SED IO OFFSEI	PROGRAM REI	WIED SOLLTI EV	I ENSES
5.41V	Information Regarding Tax	rabla Suba	idiarias and Disr	onerded Entiti	00 (0	
Partix	·					(E)
	(A)	(B)		(C)	(D)	(E)
	address, and EIN of corporation, thership, or disregarded entity	Percentage ownership in		of activities	Total income	End-of-year assets
N/A	dieramp, or disregarded entity	Ownersing in	%		income	433013
**/ **	· · · · · ·		8			-
			%			
			8			
Part X	Information Regarding Tra	nsfers Ass	sociated with Per	rsonal Benefit	Contracts (See insti	ructions.)
	organization, during the year, receive any function or gamization, during the year, pa			•		Yes X No
Note: //	f 'Yes' to (b), file Form 8870 and Fo	rm 4720 (see	instructions)			
	Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of pi	ve examined this	return, including accompany	ring schedules and state	ments, and to the best of my	knowledge and belief, it is
Diago	F 8 5	•	, condary to bassa on an inte		10-13	
Please Sign	Signature of officer				Date	7-07
Here	Signature of Officer				Duis	
				Data		renarer's SSN or PTIN (see
				Date 9/2-1/2	6 <i>8 8</i> 3 ⁵⁰ 1	reparer's SSN or PTIN (see Seneral Instruction W)
				1/4//	employed L	200067323

SCHEDULE A (Form 990 or 990-EZ)

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.)

2003

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. COMMUNITY SOLUTIONS FOR CHILDREN,

Employer identification number

23-7351215

FAMILIES AND INDIVIDUALS 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') (d) Contributions (b) Title and average (c) Compensation (e) Expense account and other (a) Name and address of each to employee benefit plans and deferred employee paid more than \$50,000 hours per week devoted to position allowances compensation BARRY GOLDMAN-HALL PROG DIRECTOR 16264 CHURCH STREET 40 63,304 0 0. LISA DE SILVA ASST DIRECTOR 3,807 0. 40 76,140. 16264 CHURCH STREET EXEC DIRECTOR ERIN O'BRIEN 16264 CHURCH STREET 0 0. 90,000 40 ACCOUNTING MGR SUSAN PENG 3,120 0. 16264 CHURCH STREET 62,400 40 CLINICAL DIRECT BRUCE WERMOUTH 3,862 16264 CHURCH STREET 40 77,244 Total number of other employees paid 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 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

` Sche	edule	A (Form 990 or 990-EZ) 2003 COMMUNITY SOLUTIONS FOR CHILDREN, 2	3-7351215		Page 2
Par	t III	Statements About Activities (See Instructions)		Y	es No
1		ing the year, has the organization attempted to influence national, state, or local legislation, including any influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	attempt		
		ncurred in connection with the lobbying activities \$ N/A			
		st equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	org lobl	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other constants the Charlet Part VI-B. AND attach a statement giving a detailed description copying activities.	of the		
2	sub taxa	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with ar stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, o able organization with which any such person is affiliated as an officer, director, trustee, majority owner, o eficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	or with any		# k***
a	Sal	e, exchange, or leasing of property?	2	a	X
t	L en	ding of money or other extension of credit?	2	ь_	Х
c	: Fur	nishing of goods, services, or facilities?	2	:c	X
ď	1 Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2	d	Х
€	Tra	nsfer of any part of its income or assets?	2	e	Х
3 a	Do exp	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an lanation of how you determine that recipients qualify to receive payments.)		а	х
		you have a section 403(b) annuity plan for your employees?		ь 2	ζ
4	Did on	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4		Х
Pai	t IV	Reason for Non-Private Foundation Status (See Instructions)			
The	orga	nization is not a private foundation because it is. (Please check only ONE applicable box.)			
5	Ц	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	Н	A school. Section 170(b)(1)(A)(ii). (Also complete Part V)			
7	Ц	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).			
8	Н	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	Ц	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the	ie nospitars nam	e, cm	у,
10		and state An organization operated for the benefit of a college or university owned or operated by a governmental (Also complete the Support Schedule in Part IV-A)	unit Section 170	b)(1)	(A)(ıv).
11 a	ìΧ	An organization that normally receives a substantial part of its support from a governmental unit or from Section $170(b)(1)(A)(vi)$. (Also complete the Support Schedule in Part IV-A.)	the general public	: .	
11 8	· 🗌	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, members from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more that from gross investment income and unrelated business taxable income (less section 511 tax) from business organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-	an 33-1/3% of its s sses acquired by	suppo	ceipts ort
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and s 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)(3).)	supports organiza tion 509(a)(2). (S	tions ee	
		Provide the following information about the supported organizations. (See instr	uctions.)		
		(a) Name(s) of supported organization(s)	(b)	Line om a	number bove
14		An example property and energed to test for public cofety. See to E00(a)(A) (See instructions)		-	
	لـلــ	An organization organized and operated to test for public safety Section 509(a)(4). (See instructions)			

Page 3 Part N-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 (e) Total beginning in) Gifts, grants, and contributions received (Do not include 15 7,070,336 6,155,821 6,768,889 26,386,475. unusual grants See line 28) 6,391,429 16 Membership fees received Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 735,398 743,256. 694,186. 2,931,404. charitable, etc, purpose 758,564. 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 organ-4,746 5,440 20,209. 3,387 ization after June 30, 1975 6,636. Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets SEE STMT 8 216,110. 63,915 63,249. 88,946 7,898,067 6,967,738 7,468,515 29,554,198. 7,219,878. Total of lines 15 through 22 6,774,329. 6,224,482 26,622,794. 6,461,314 7,162,669. 24 Line 23 minus line 17 11777 74,685. 72.199 25 Enter 1% of line 23 78,981. 69,677 532 26 a 456. 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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your 26 b return Enter the total of all these excess amounts 26,622,794. c Total support for section 509(a)(1) test: Enter line 24, column (e) 26 c 20,209. d Add: Amounts from column (e) for lines: 19 236,319. 216,110. 26 d 26,386,475. 26 e e Public support (line 26c minus line 26d total) 99.11 26 f f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 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 27 Organizations described on line 12: such amounts for each year. (2002)____ (2001) _ _ _ _ (2000) _ _ _ _ (1999) _ _ _ _ _ _ bFor 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: _ _ _ (2001) _ _ _ _ c Add: Amounts from column (e) for lines: 15 16 20 27 c 27 d d Add: Line 27a total and line 27b total e Public support (line 27c total minus line 27d total) 27 e ► 27 f f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27 g q Public support percentage (line 27e (numerator) divided by line 27f (denominator)) >

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

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

27 h

Page 4

Private School Questionnaire (See Instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A No Yes 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? 29 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, 30 and scholarships? 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? 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement) Does the organization maintain the following: 32a 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? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 c 32d 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) Does the organization discriminate by race in any way with respect to: 14 a Students' rights or privileges? 33 a 33 t b Admissions policies? c Employment of faculty or administrative staff? 33 c d Scholarships or other financial assistance? 33d e Educational policies? 33€ 33f f Use of facilities? g Athletic programs? 33 g 33h 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? 34 a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered 'Yes' to either 34a or b, please explain using an attached statement. 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

Page 5

rar	To be complet	xpenditures by Elected ONLY by an eligible of the original of	cting Public Chari rganization that filed F	i ties (See ins form 5768)	tructions) 			N/A	
Chec	k ► a If the organi	zation belongs to an affili	ated group. Check	► b If y	ou checke	ed 'a' and '	limited	contro	ol' provisions a	pply
		imits on Lobbying	•	d)		Affiliate to	(a) ed grou _l tals	Р	(b) To be comp for ALL ele organizati	cting
36	Total lohbying expenditi	ures to influence public of	ninion (grassroots lobb	ovina)	36				or garnizati	
37	• • •	ares to influence a legisla			37					
38	• • •	ures (add lines 36 and 37		3/	38					
39	Other exempt purpose	•	,		39					
40	•	xpenditures (add lines 38	39)		40					
41		nount Enter the amount		e –			······································		, ,	
•••	If the amount on line 40		obbying nontaxable ar				5	1	1	
	Not over \$500,000		of the amount on line					, [, "	
	Over \$500,000 but not over \$1,	.000.000 \$100.00	00 plus 15% of the excess o	ver \$500,000		,		1		- 3
	Over \$1,000,000 but not over \$		30 plus 10% of the excess o		- 41			1		ĺ
	Over \$1,500,000 but not over \$	er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000							,	
	Over \$17,000,000 \$1,000,000							1	, ,	
42	Grassroots nontaxable	amount (enter 25% of line	e 41)		42					
43	Subtract line 42 from lin	e 36 Enter -0- if line 42	is more than line 36		43				-	
44	Subtract line 41 from lin	e 38 Enter -0- if line 41	is more than line 38		44					
	Caution: If there is an a	nmount on either line 43 c	or line 44, you must file	e Form 4720					,	
	(Some orga	nizations that made a sec	veraging Period ction 501(h) election de the instructions for lii	o not have to d	complete	all of the fi	ve colu	mns l	pelow.	
			Lobbying Expen	ditures During	4 -Year A	veraging l	Period			
	Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001			(d) 000		(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))	/		<i>'</i>	· ;					
	Grassroots lobbying expenditures		D 11: 01 '1'							
retr	(For reporting o	ctivity by Nonelectionly by organizations that	did not complete Pari	es t VI-A) (See in	structions)	, ,		N/A	
Durir atten	ng the year, did the orgai npt to influence public op	nization attempt to influer sinion on a legislative ma	nce national, state or l tter or referendum, thr	ocal legislatior ough the use	n, includir of	g any	Yes	No	Amour	nt
a	Volunteers								,	
b	Paid staff or manageme	ent (Include compensation	n in expenses reported	d on lines c thi	rough h.)				,	
c	: Media advertisements									
c	Mailings to members, le	gislators, or the public							,	
е	Publications, or publish	ed or broadcast statemer	nts							
f	Grants to other organization	ations for lobbying purpos	ses							
ç	Direct contact with legis	lators, their staffs, gover	nment officials, or a le	gislative body						
ŀ	Rallies, demonstrations	, seminars, conventions,	speeches, lectures, or	r any other me	eans			********		
i	, - ,	ures (add lines c through	·							
	If 'Yes' to any of the ab	ove, also attach a statem	ent giving a detailed o	description of t	he lobbyii	ng activitie:	s.			

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

					g with any other organization de ng to political organizations?	escribed in Section	1 301 (0	:)
	fers from the reporting or	` , ` ,	•	•	-		Yes	No
(i)C	·	-				51a (i)		X
(ii) O	ther assets					a (ii)		X
b Other	transactions.							
(i) S	ales or exchanges of asso	ets with a no	ncharitable exem	pt organization		b (i)		_X_
(ii)Po	urchases of assets from a	a noncharita	ble exempt organ	zation		b (ii)		Χ
(iii)R	ental of facilities, equipme	ent, or other	assets			b (iii)		X
` '	eimbursement arrangeme	•				b (iv)		X
	oans or loan guarantees					b (v)		X
	erformance of services or	r membershi	p or fundraising s	olicitations		b (vi)		X
c Sharır	ng of facilities, equipment	t, mailing list	s, other assets, o	r paid employees.	•	С		X
d If the the go any tr	answer to any of the abo oods, other assets, or ser ansaction or sharing arra	ve is 'Yes,' o vices given ngement, sh	complete the follo by the reporting o low in column (d)	wing schedule. Colu rganization, If the o the value of the go	ımn (b) should always show the rganizatıon received less than t ods, other assets, or services r	fair market value fair market value eceived:	of n	
(a) Line no.	(b) Amount involved		(c) noncharitable exe		(d Description of transfers, transact)		s
N/A								
			_					
			_			_		
-								
				-				
••								
descr	organization directly or in the din section 501(c) of t s,' complete the following	he Code (ot	iated with, or rela ner than section 5	ted to, one or more 01(c)(3)) or in secti	tax-exempt organizations on 527?	► ☐ Ye	s X	No
	(a) Name of organization		Type of o	(b) rganization	(c) Description of			
/A								
		_						
				<u></u>				
						,		
							<u>.</u>	
					<u> </u>			
				· "				

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FEDERAL STATEMENTS

COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES AND INDIVIDUALS

PAGE 1

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STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
CLAY TOURNAMENT AND OTHER TOTAL	102,214. \$ 102,214.	<u>\$</u> 0.	102,214. \$ 102,214.	69,818. \$ 69,818.	32,396. \$ 32,396.

STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR YEAR CONTRACT MODIFICATIONS

TOTAL \$ -213,127.

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

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	<u>SERVICES</u>	<u>& GENERAL</u>	<u>FUNDRAISING</u>
DUES/SUBSCRIPTIONS/LICENSE FEE INDIVIDUAL EMPOWERMENTS		29,617. 5,471.	28,994. 5,471.	339.	284.
INSURANCE OTHER OPERATING COSTS		50,038. 21,446.	47,324. 20,697.	2,467. 352.	247. 397.
PROFESSIONAL FEES SUBCONTRACTED GRANT EXPENDITUR		408,046. 112,184.	399,000. 112,184.	5,657.	3,389.
UTILITIES	TOTAL	71,622.	71,356. \$ 685,026.	<u>95.</u> <u>\$ 8,910.</u>	\$ 171. \$ 4,488.

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

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.

DESCRIPTION

3,802,586.

PROGRAM

SERVICE

GRANTS AND

ALLOCATIONS EXPENSES

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

2003

FEDERAL STATEMENTS

COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES AND INDIVIDUALS

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

DESCRIPTION	GRANTS AND ALLOCATIONS	
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.		1,601,223.
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 SURVIVIORS, BATTERER'S INTERVENTION, AND SUPERVISED VISITATION FOR CHILDREN.		1,442,334.
VISITATION FOR CHILDREN.		
	\$ 0.	<u>\$6,846,143.</u>

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

CATEGORY	 BASIS	ACCUM. DEPREC.	 BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS LAND MISCELLANEOUS TOTAL	\$ 29,675. 3 154,909. 1,243,206. 112,014. 409,941. 3,501. 1,953,246.	\$ 21,136. 154,909. 397,389. 56,357. 1,400. \$ 631,191.	\$ 8,539. 0. 845,817. 55,657. 409,941. 2,101. 1,322,055.

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

ACCRUED EXPENSES
OTHER CURRENT LIABILITIES

\$ 319,057. 75,290. TOTAL \$ 394,347. 2003

FEDERAL STATEMENTS COMMUNITY SOLUTIONS FOR CHILDREN,

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MMUNITY SOLUTIONS FOR CHILDREN,
FAMILIES AND INDIVIDUALS

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	<u> </u>	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MINDY CABRAL 500 TENNANT STATION MORGAN HILL, CA 95037	SECRETARY/TREAS 5	\$	0.	\$ 0.	\$ 0.
JOE SAMPSON 17605 MONTEREY ROAD MORGAN HILL, CA 95037	MEMBER 5		0.	0.	0.
DEBORAH MORTON-PADILLA 490 JARVIS DRIVE MORGAN HILL, CA 95037	BOARD CHAIR 5		0.	0.	0.
CATHY CASERZA-LIGHT 1973 ST ANDREWS CIRCLE GILROY, CA 95020	MEMBER 5		0.	0.	0.
JIM FREEZE 758 MARIA WAY GILROY, CA 95020	MEMBER 5		0.	0.	0.
JOANNA SCHULTZ 84 S FIRST STREET SAN JOSE, CA 95113	MEMBER 5		0.	0.	0.
JANE SOLOMON 490 JARVIS DRIVE MORGAN HILL, CA 95037	SECRETARY 5		0.	0.	0.
WES WALKER 451 FOURTH STREET HOLLISTER, CA 95023	MEMBER 5		0.	0.	0.
	TOTA	L <u>\$</u>	0.	<u>\$</u> 0.	\$ 0.

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

DESCRIPTION		_(.	A) 2002	{	B) 2001	((C) 2000_	<u>(D)</u>	1999	(E) TOTAL_
OTHER INCOME		\$	63,249.	\$	88,946.	\$	63,915.	\$	0.	\$	216,110.
	TOTAL	<u>\$</u>	63,249.	\$_	88,946.	\$	63,915.	\$	0.	\$	216,110.