

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

- 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 instructions.

BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 95050

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

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

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

H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

I Group Exemption Number M Check if the organization is not required to attach Schedule B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 6,858,482

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

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Table with columns for line number, description, and amount. Includes sub-columns for 1a-1c, 6a-6c, 8a-8c, 9a-9c, 10a-10c, 13-17, 18-21. Total revenue 6,671,900. Total expenses 6,656,779. Net assets at end of year 6,591,314.

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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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	0.	0.	0.	0.
26 Other salaries and wages	26	3,590,817.	2,791,117.	605,493.	194,207.
27 Pension plan contributions	27	236,917.	184,466.	39,621.	12,830.
28 Other employee benefits	28	447,823.	348,637.	74,923.	24,263.
29 Payroll taxes	29	304,455.	237,244.	50,703.	16,508.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	239,042.	229,114.	8,914.	1,014.
34 Telephone	34	77,045.	70,306.	6,051.	688.
35 Postage and shipping	35	12,086.	8,764.	2,192.	1,130.
36 Occupancy	36	338,248.	335,965.	2,283.	
37 Equipment rental and maintenance	37	182,347.	160,404.	17,796.	4,147.
38 Printing and publications	38	47,370.	34,911.	7,545.	4,914.
39 Travel	39	33,530.	30,776.	2,754.	
40 Conferences, conventions, and meetings	40	5,738.	4,133.	1,130.	475.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	118,338.	94,673.	23,535.	130.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	1,023,023.	940,207.	75,981.	6,835.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	6,656,779.	5,470,717.	918,921.	267,141.

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 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	749,280.	46	763,760.
	47 a Accounts receivable	47 a 543.		
	b Less. allowance for doubtful accounts	47 b	30,005.	47 c 543.
	48 a Pledges receivable	48 a 440,006.		
	b Less. allowance for doubtful accounts	48 b 55,111.	210,319.	48 c 384,895.
	49 Grants receivable		907,972.	49 860,012.
	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 48,398.	-31,590.	51 c -48,398.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		133,919.	53 125,799.
	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)	SEE STMT 6	723,389.	56 802,083.	
57 a Land, buildings, and equipment. basis	57 a 5,946,459.			
b Less accumulated depreciation (attach schedule)	STATEMENT 7 57 b 1,367,592.	4,674,715.	57 c 4,578,867.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)		21,610.	58 21,760.	
59 Total assets (must equal line 74). Add lines 45 through 58		7,419,619.	59 7,489,321.	
LIABILITIES	60 Accounts payable and accrued expenses	807,428.	60	863,673.
	61 Grants payable	22,834.	61	22,834.
	62 Deferred revenue	11,500.	62	11,500.
	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)	1,664.	64 b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65		843,426.	66 898,007.	
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	2,247,466.	67	2,229,685.
	68 Temporarily restricted	1,027,333.	68	1,116,427.
	69 Permanently restricted	3,301,394.	69	3,245,202.
	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, column (B) must equal line 21)		6,576,193.	73 6,591,314.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		7,419,619.	74 7,489,321.	

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

a	Total revenue, gains, and other support per audited financial statements		a	6,671,900.
b	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	6,671,900.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	6,671,900.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	6,656,779.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	6,656,779.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	6,656,779.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		0.	0.	0.

Part VI Other Information (continued)

		Yes	No
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	
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85b	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			
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	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	
86a	501(c)(7) organizations. Enter initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) organizations. Enter gross income from members or shareholders	N/A	
87b	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 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> .		
89b	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 <u>CA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		99
91a	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>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements		X
91c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country _____		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>	N/A	N/A

Part VII Analysis of Income-Producing Activities (See the 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 PROGRAM SERVICE FEES					167,834.
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	27,913.	
96 Dividends & interest from securities			18	19,304.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					15,738.
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					3,485.
101 Net income or (loss) from special events			2	11,748.	142,931.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b MISCELLANEOUS INCOME					32,033.
c UNREALIZED GAIN ON IN			18		29,555.
d					
e					
104 Subtotal (add columns (B), (D), and (E))				58,965.	391,576.
105 Total (add line 104, columns (B), (D), and (E))					450,541.

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 the 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 the instructions.)

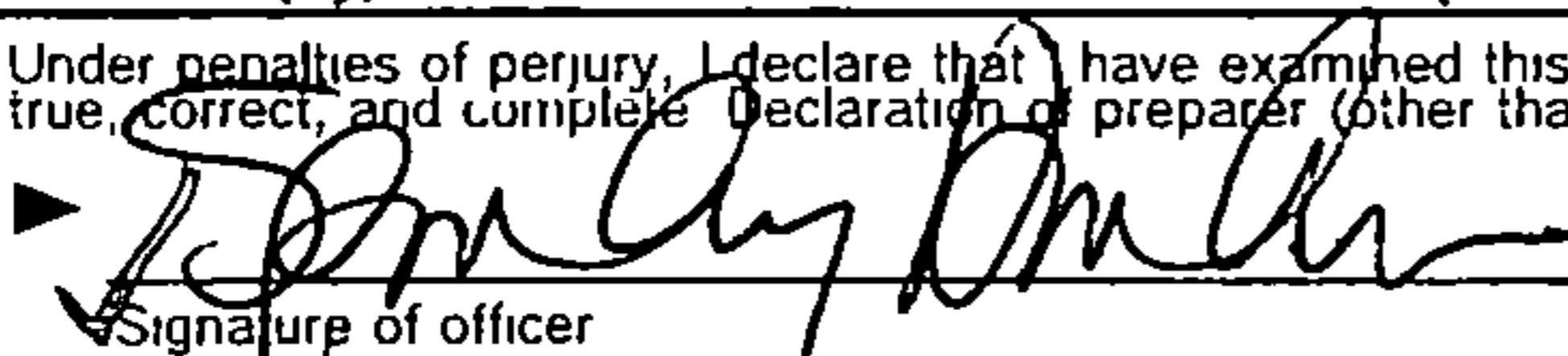
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the 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.

Please Sign Here:  Signature of officer Date 10/13/06

S. HARLAN, CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  DOUGLAS NICHOLS Date: 9/07/06

Check if self employed: Preparer's SSN or PTIN (See General Instruction W): P00072252

Firm's name (or yours if self employed), address, and ZIP + 4: NICHOLS, RICK & COMPANY
16360 MONTEREY ROAD, SUITE 170
MORGAN HILL, CA 95037

EIN: 77-0454740 Phone no: (408) 779-3313

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization BILL WILSON CENTER	Employer identification number 94-2221849
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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 and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 11		522,229.	45,695.	1,200.
Total number of other employees paid over \$50,000 ▶	12			

Part II – A 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	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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 ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i 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.		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

SEE FORM 990, PART V

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). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,837,274.	5,623,794.	5,153,834.	5,233,503.	21,848,405.
16 Membership fees received					0.
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	293,018.	157,121.	193,029.	80,932.	724,100.
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	35,974.	23,856.	23,331.	33,285.	116,446.
19 Net income from unrelated business activities not included in line 18				1.	1.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 12	56,612.	70,532.	21,769.	-29,689.	119,224.
23 Total of lines 15 through 22	6,222,878.	5,875,303.	5,391,963.	5,318,032.	22,808,176.
24 Line 23 minus line 17	5,929,860.	5,718,182.	5,198,934.	5,237,100.	22,084,076.
25 Enter 1% of line 23	62,229.	58,753.	53,920.	53,180.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 441,682.
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 2001 through 2004 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 22,084,076.
d Add: Amounts from column (e) for lines	18 116,446.	19 1.			26d 235,671.
	22 119,224.	26b			26e 21,848,405.
e Public support (line 26c minus line 26d total)					26e 21,848,405.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.93 %
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					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____			27c _____
	17 _____	20 _____	21 _____		
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
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	a Does the organization receive any financial aid or assistance from a governmental agency?		
34b	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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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

Yes	No	Amount

- 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.)

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

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 169,094.
 COST OR OTHER BASIS: 165,609.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 3,485.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 3,485.

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

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
BUILDING DREAMS	123,904.	0.	123,904.	19,298.	104,606.
CIRQUE DE SOLEIL	40,000.	0.	40,000.	1,675.	38,325.
WALK FOR AIDS	9,658.	0.	9,658.	0.	9,658.
PROJECT SAFE PLACE & OTHER	2,090.	0.	2,090.	0.	2,090.
TOTAL	<u>\$ 175,652.</u>	<u>\$ 0.</u>	<u>\$ 175,652.</u>	<u>\$ 20,973.</u>	<u>\$ 154,679.</u>

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

	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT & GENERAL</u>	<u>(D) FUNDRAISING</u>
INSURANCE	93,296.	76,035.	16,332.	929.
MEMBERSHIPS/DUES/LICENSES	11,955.	7,414.	3,960.	581.
MISCELLANEOUS AND BAD DEBTS	28,213.	28,213.		
PAYMENTS TO SUBRECIPIENTS	143,723.	143,723.		
PROFESSIONAL FEES	354,859.	326,982.	25,286.	2,591.
RECRUITING & TRAINING COSTS	30,232.	19,271.	10,461.	500.
SERVICE CHARGES	16,001.	4,824.	10,234.	943.
SPECIFIC ASSISTANCE	228,271.	228,271.		
UTILITIES	116,473.	105,474.	9,708.	1,291.
TOTAL	<u>\$ 1,023,023.</u>	<u>\$ 940,207.</u>	<u>\$ 75,981.</u>	<u>\$ 6,835.</u>

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

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

**STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>COUNSELING AND OUTREACH SERVICES - FAMILY AND INDIVIDUAL COUNSELING CENTER PROVIDES LOW-COST, PROFESSIONAL COUNSELING SERVICES TO INDIVIDUALS AND FAMILIES IN THE SANTA CLARA VALLEY. SCHOOL OUTREACH COUNSELING PROGRAM PROVIDES COUNSELING SERVICES TO STUDENTS IN THE MIDDLE AND HIGH SCHOOLS OF SANTA CLARA UNIFIED SCHOOL DISTRICT. INCLUDES FOREIGN GRANTS: NO</p>		461,052.
<p>RESIDENTIAL SERVICES - RUNAWAY AND HOMELESS YOUTH RESIDENTIAL PROGRAM OFFERS SHORT-TERM HOUSING TO YOUTH (AGES 11 - 17), AS WELL AS INTENSIVE INDIVIDUAL, GROUP AND FAMILY COUNSELING. QUETZAL HOUSE IS A SIX-BED, SHORT-TERM GROUP HOME FOR GIRLS AGES 13 - 17 WHO ARE CHRONIC RUNAWAYS FROM THE FOSTER CARE SYSTEM. INCLUDES FOREIGN GRANTS: NO</p>		1,936,369.
<p>YOUTH SERVICES - INDEPENDENT LIVING SKILLS PROGRAM (ILSP) TEACHES YOUTH IN FOSTER CARE THE SKILLS THEY NEED TO BECOME SELF-SUFFICIENT. RESTORATIVE JUSTICE PROGRAM PROVIDES FIRST TIME OFFENDERS AN ALTERNATIVE TO INCARCERATION AND/OR CITATION BY THE LOCAL POLICE AND/OR PROBATION DEPARTMENT. SAFE PLACE PROVIDES YOUTH WITH ACCESS TO SERVICES OR SAFETY. SAFE PLACE COMMUNITY OUTREACH PROVIDES LEADERSHIP SKILLS TO YOUTH. PEER EDUCATION TRAINING RECRUITS, TRAINS, AND SUPERVISES PEER EDUCATORS WHO PROVIDE PREVENTION SERVICES, MENTORING, AND TUTORING. INCLUDES FOREIGN GRANTS: NO</p>		570,967.
<p>FAMILY SERVICES - CONTACT CARES PROVIDES OBJECTIVE LISTENING, CARING INVOLVEMENT, AND INFORMATION AND REFERRALS ON 24-HOUR CRISIS LINES. PARA LAS FAMILIAS VISITATION CENTER PROVIDES SUPERVISED VISITATION DESIGNED TO LESSEN IMPACT OF SEPARATION WHEN A CHILD IS REMOVED FROM THE PARENT'S CUSTODY. INCLUDES FOREIGN GRANTS: NO</p>		265,365.
<p>TRANSITIONAL HOUSING - TRANSITIONAL HOUSING PROGRAM PROVIDES HOUSING AND SUPPORT SERVICES FOR OLDER, HOMELESS YOUTH AGES 16 - 22, INCLUDING PARENTING YOUTH AND THEIR INFANTS/TODDLERS. TRANSITIONAL HOUSING PLACEMENT PROGRAM PROVIDES SIMILAR SERVICES FOR YOUTH WHO ARE STILL IN THE FOSTER CARE SYSTEM. INCLUDES FOREIGN GRANTS: NO</p>		1,366,988.
<p>DROP-IN CENTER-DROP - IN CENTER FOR HOMELESS YOUTH PROVIDES</p>		

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STATEMENT 5 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
BASIC NECESSITIES AS WELL AS COUNSELING, JOB READINESS, HOUSING ASSISTANCE, HIV PREVENTION, AND LINKS TO OTHER COMMUNITY SERVICES. INCLUDES FOREIGN GRANTS: NO		507,940.
CENTRE FOR LIVING WITH DYING - CENTRE FOR LIVING WITH DYING PROVIDES EMOTIONAL SUPPORT TO ADULTS AND CHILDREN FACING LIFE-THREATENING ILLNESS OR THE TRAUMA OF HAVING A LOVED ONE DIE. INCLUDES FOREIGN GRANTS: NO		362,036.
	<u>\$ 0.</u>	<u>\$ 5,470,717.</u>

STATEMENT 6
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
ENTERPRISE FUNDS - FIXED INCOME	MARKET VALUE	\$ 262,029.
ENTERPRISE FUNDS - EQUITY SECURITIES	MARKET VALUE	540,054.
	TOTAL	<u>\$ 802,083.</u>

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 126,772.	\$ 125,017.	\$ 1,755.
FURNITURE AND FIXTURES	223,450.	203,928.	19,522.
BUILDINGS	3,753,281.	1,001,918.	2,751,363.
IMPROVEMENTS	124,298.	36,729.	87,569.
LAND	1,718,658.		1,718,658.
	TOTAL	<u>\$ 1,367,592.</u>	<u>\$ 4,578,867.</u>

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS	\$ 21,760.
	TOTAL <u>\$ 21,760.</u>

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STATEMENT 9
FORM 990, PART V-A
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
NICK LIVAK 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
CRAIG PAMPEYAN 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.
BONNIE GEORGE 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0.	0.	0.
CHUCK BLAIR 3490 THE ALAMEDA SANTA CLARA, CA 95052	VICE PRESIDENT 5	0.	0.	0.
GEORGE DELUCCHI 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0.	0.	0.
MARY EMERY 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0.	0.	0.
LONG K DO 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0.	0.	0.
DAVID LANG 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	0.	0.	0.
SYLVIA GALLEGOS 3490 THE ALAMEDA SANTA CLARA, CA 95052	TREASURER 2	0.	0.	0.
LOU HOLSCHER 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.

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STATEMENT 9 (CONTINUED)
FORM 990, PART V-A
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
SELENE G ROJAS 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
STEFANI BURGETT 3490 THE ALAMEDA SANTA CLARA, CA 95052	TREASURER 5	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	FEEs 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 I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
S. HARLAN 3490 THE ALAMEDA SANTA CLARA, CA 95052	CEO 40	148,521.	12,996.	1,200.
D. PELL 3490 THE ALAMEDA SANTA CLARA, CA 95052	PROG DIRECTOR 40	81,619.	7,142.	0.
K. KOACH 3490 THE ALAMEDA SANTA CLARA, CA 95052	CFO 40	93,657.	8,195.	0.
J. WHITTIER 3490 THE ALAMEDA SANTA CLARA, CA 95052	DIR OF COMM. DV 40	91,262.	7,985.	0.
LORRAINE FLORES	ASSOCIATE DIR	107,170.	9,377.	0.

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STATEMENT 11 (CONTINUED)
 SCHEDULE A, PART I
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUTIO EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
3490 THE ALAMEDA SANTA CLARA, CA 95052	40			
	TOTAL	<u>\$ 522,229.</u>	<u>\$ 45,695.</u>	<u>\$ 1,200.</u>

STATEMENT 12
 SCHEDULE A, PART IV-A, LINE 22
 OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2004</u>	<u>(B) 2003</u>	<u>(C) 2002</u>	<u>(D) 2001</u>	<u>(E) TOTAL</u>
MISCELLANEOUS INCOME	\$ 56,612.	\$ 70,532.	\$ 21,769.	\$ -29,689.	\$ 119,224.
TOTAL	<u>\$ 56,612.</u>	<u>\$ 70,532.</u>	<u>\$ 21,769.</u>	<u>\$ -29,689.</u>	<u>\$ 119,224.</u>