

Form **990**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax****2009**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)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**

For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

**B** Check if applicable:  
  
  
  
  
Address change  
Name change  
Initial return  
Termination  
Amended return  
Application pendingPlease use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.**C**BILL WILSON CENTER  
3490 THE ALAMEDA  
SANTA CLARA, CA 95050**D** Employer identification number

94-2221849

**E** Telephone number

408-243-0222

**G** Gross receipts \$ 11,367,035.**F** Name and address of principal officer:

SAME AS C ABOVE

**H(a)** Is this a group return for affiliates? Yes  No**H(b)** Are all affiliates included? Yes  No

If 'No,' attach a list. (see instructions)

**I** Tax-exempt status  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527**J** Website: ▶ WWW.BILLWILSONCENTER.ORG**H(c)** Group exemption number ▶**K** Form of organization:  Corporation  Trust  Association  Other ▶**L** Year of formation: 1974**M** State of legal domicile: CA

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .		
1a	58		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		
2a	158		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O . . . . .		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
4a	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 Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . .		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
9a	Did the organization make any taxable distributions under section 4966? . . . . .		
9b	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
10a	Initiation fees and capital contributions included on Part VIII, line 12. . . . .		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
11a	Gross income from other members or shareholders . . . . .		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			16
b	Enter the number of voting members that are independent		
1b			16
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10a		
b		
10b		
11	X	
11		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	
12a	X	
12a		
b		
12b	X	
12b		
c		
12c	X	
12c		
13	X	
13		
14	X	
14		
15		
15a	X	
15a		
b		
15b	X	
15b		
16a		X
16a		
b		
16b		

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ KENNETH KOACH, COO 3490 THE ALAMEDA SANTA CLARA CA 95050 408-243-0222

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SARA BEZA DIRECTOR	2	X					0.	0.	0.	
ART PLANK DIRECTOR	2	X					0.	0.	0.	
ANITA WOTIZ DIRECTOR	2	X					0.	0.	0.	
BONNIE GEORGE DIRECTOR	2	X					0.	0.	0.	
CHUCK BLAIR DIRECTOR	2	X					0.	0.	0.	
GEORGE DELUCCHI DIRECTOR	2	X					0.	0.	0.	
JO ANNE RHODES DIRECTOR	2	X					0.	0.	0.	
ANTONELLA CORNO DIRECTOR	2	X					0.	0.	0.	
DAVID LANG PRESIDENT	5	X		X			0.	0.	0.	
KAREN GULDAN DIRECTOR	2	X					0.	0.	0.	
ALEX WILSON DIRECTOR	2	X					0.	0.	0.	
JESSICA MATTIOLI DIRECTOR	2	X					0.	0.	0.	
CYNTHIA O'LEARY SEC/TREASURER	5	X		X			0.	0.	0.	
CRIA-MAY MATANGUIHAN DIRECTOR	2	X					0.	0.	0.	
RON RICCI DIRECTOR	2	X					0.	0.	0.	
STEFANI BURGETT VICE PRESIDENT	5	X		X			0.	0.	0.	
SPARKY HARLAN EXECUTIVE DIRECTOR/CEO	40				X		186,819.	0.	20,425.	



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns.....	<b>1 a</b>					
	<b>b</b> Membership dues.....	<b>1 b</b>					
	<b>c</b> Fundraising events.....	<b>1 c</b>					
	<b>d</b> Related organizations.....	<b>1 d</b>					
	<b>e</b> Government grants (contributions).....	<b>1 e</b>	9,513,610.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above.....	<b>1 f</b>	1,033,529.				
	<b>g</b> Noncash contribns included in lns 1a-1f: ... \$		356,066.				
	<b>h Total.</b> Add lines 1a-1f..... ▶		10,547,139.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>PROGRAM SERVICE FEES</u>	<b>Business Code</b>	244,738.	244,738.			
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue ...						
	<b>g Total.</b> Add lines 2a-2f..... ▶		244,738.				
	<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)..... ▶		16,319.			16,319.
<b>4</b> Income from investment of tax-exempt bond proceeds..... ▶							
<b>5</b> Royalties..... ▶							
<b>6 a</b> Gross Rents.....		(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)....					
		<b>d</b> Net rental income or (loss)..... ▶					
<b>7 a</b> Gross amount from sales of assets other than inventory.		(i) Securities	(ii) Other				
		265,766.					
		<b>b</b> Less: cost or other basis and sales expenses.....		261,445.			
		<b>c</b> Gain or (loss).....		4,321.			
<b>d</b> Net gain or (loss)..... ▶			4,321.	4,321.			
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....		<b>a</b>	256,440.				
		<b>b</b> Less: direct expenses.....	<b>b</b>	54,832.			
		<b>c</b> Net income or (loss) from fundraising events..... ▶		201,608.	201,608.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19.....	<b>a</b>						
	<b>b</b> Less: direct expenses.....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities..... ▶						
<b>10 a</b> Gross sales of inventory, less returns and allowances.....	<b>a</b>						
	<b>b</b> Less: cost of goods sold.....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory..... ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> <u>UNREALIZED GAIN ON INVEST</u>			19,974.	19,974.			
<b>b</b> <u>MISCELLANEOUS INCOME</u>			17,763.	17,763.			
<b>c</b> -----							
<b>d</b> All other revenue.....			-1,104.	-1,104.			
<b>e Total.</b> Add lines 11a-11d..... ▶			36,633.				
<b>12 Total revenue.</b> See instructions..... ▶			11,050,758.	487,300.	0.	16,319.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	783,326.	261,792.	472,944.	48,590.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)).....	0.	0.	0.	0.
7 Other salaries and wages.....	4,685,431.	4,264,578.	300,184.	120,669.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).....	305,243.	266,722.	31,330.	7,191.
9 Other employee benefits.....	706,235.	617,050.	72,480.	16,705.
10 Payroll taxes.....	458,655.	405,599.	37,926.	15,130.
11 Fees for services (non-employees).....				
a Management.....				
b Legal.....				
c Accounting.....				
d Lobbying.....				
e Prof fundraising svcs. See Part IV, ln 17.....				
f Investment management fees.....				
g Other.....				
12 Advertising and promotion.....				
13 Office expenses.....				
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	750,238.	739,816.	8,790.	1,632.
17 Travel.....	82,116.	78,783.	3,333.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	15,896.	13,497.	1,790.	609.
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	155,831.	114,939.	25,411.	15,481.
23 Insurance.....	163,053.	134,770.	26,423.	1,860.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).....				
a <u>PROFESSIONAL FEES</u> .....	632,564.	621,356.	8,834.	2,374.
b <u>FOOD AND BEVERAGE</u> .....	362,408.	362,200.		208.
c <u>FOSTER FAMILY FEES</u> .....	344,848.	344,848.		
d <u>SPECIFIC ASSISTANCE</u> .....	328,918.	328,918.		
e <u>MISCELLANEOUS AND BAD DEBTS</u> .....	195,508.	137,554.		57,954.
f All other expenses.....	872,524.	764,595.	89,184.	18,745.
25 Total functional expenses. Add lines 1 through 24f.....	10,842,794.	9,457,017.	1,078,629.	307,148.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	396,578.	2 947,748.
	3	Pledges and grants receivable, net .....	2,004,787.	3 1,728,125.
	4	Accounts receivable, net .....	14,485.	4 53,764.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....		8
	9	Prepaid expenses and deferred charges .....	113,074.	9 93,457.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,399,333.	
	b	Less: accumulated depreciation .....	10b 1,941,994.	10c 8,457,339.
	11	Investments — publicly-traded securities .....	503,771.	11 511,021.
	12	Investments — other securities. See Part IV, line 11 .....		12
	13	Investments — program-related. See Part IV, line 11 .....		13
	14	Intangible assets .....		14 8,630.
	15	Other assets. See Part IV, line 11 .....	39,494.	15 40,930.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	10,896,479.	16 11,841,014.	
LIABILITIES	17	Accounts payable and accrued expenses .....	1,187,093.	17 1,359,795.
	18	Grants payable .....	193,105.	18 124,945.
	19	Deferred revenue .....	12,075.	19 29,662.
	20	Tax-exempt bond liabilities .....		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23	Secured mortgages and notes payable to unrelated third parties .....	558,700.	23 1,115,234.
	24	Unsecured notes and loans payable to unrelated third parties .....		24
	25	Other liabilities. Complete Part X of Schedule D .....	23,226.	25 81,134.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	1,974,199.	26 2,710,770.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27	Unrestricted net assets .....	2,239,745.	27 2,343,362.
	28	Temporarily restricted net assets .....	691,224.	28 732,252.
	29	Permanently restricted net assets .....	5,991,311.	29 6,054,630.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30	Capital stock or trust principal, or current funds .....		30
	31	Paid-in or capital surplus, or land, building, and equipment fund .....		31
	32	Retained earnings, endowment, accumulated income, or other funds .....		32
33	<b>Total net assets or fund balances.</b> .....	8,922,280.	33 9,130,244.	
34	<b>Total liabilities and net assets/fund balances.</b> .....	10,896,479.	34 11,841,014.	

BAA

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

b Were the organization's financial statements audited by an independent accountant? .....

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')...	6,221,359.	8,918,854.	9,569,792.	10891834.	10547138.	46,148,977.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						0.
3 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.
4 <b>Total.</b> Add lines 1-through 3....	6,221,359.	8,918,854.	9,569,792.	10891834.	10547138.	46,148,977.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)...						0.
6 <b>Public support.</b> Subtract line 5 from line 4.....						46,148,977.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.....	6,221,359.	8,918,854.	9,569,792.	10891834.	10547138.	46,148,977.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	47,217.	53,238.	54,200.	21,907.	20,640.	197,202.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV....	61,588.	90,061.	3,882.	26,881.	17,763.	200,175.
11 <b>Total support.</b> Add lines 7 through 10.....						46,546,354.
12 Gross receipts from related activities, etc. (see instructions).....					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).....	14	99.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.....	15	98.9 %
16a <b>33-1/3 support test — 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test — 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions... ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose. . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
6 Total. Add lines 1 through 5. . . . .						
7a Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year. . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
c Add lines 10a and 10b. . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17. . . . .	18	%

19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



## PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
MISCELLANEOUS INCOME	17,763.	26,881.	3,882.	90,061.	61,588.
TOTAL	<u>\$ 17,763.</u>	<u>\$ 26,881.</u>	<u>\$ 3,882.</u>	<u>\$ 90,061.</u>	<u>\$ 61,588.</u>

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

BILL WILSON CENTER

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 boxes for both the General Rule and a Special Rule. See instructions.

**General Rule** –

- For an organization 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 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 (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 990-EZ, that received from any one contributor, during the year, 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:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2009)**

Name of organization

Employer identification number

BILL WILSON CENTER

94-2221849

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COUNTY OF SANTA CLARA SOS 1725 TECHNOLOGY DRIVE SAN JOSE, CA 95110	\$ 647,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OFFICE OF EMERGENCY SVCS 1130 K STREET, SUITE 300 SACRAMENTO, CA 95814	\$ 297,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	COUNTY OF SANTA CLARA SCL SVCS 1725 TECHNOLOGY DRIVE SAN JOSE, CA 95110	\$ 1,929,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DHHS, FEDERAL ASSISTANCE RHY, AFDC, OUTREACH & TLP ROCKVILLE, MD 20852	\$ 1,243,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DEPT OF HUD TRANSITIONAL/SUPPORTIVE HSING CFDA 14.235, MD 20852	\$ 808,613.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	STATE OF CALIFORNIA GROUP HOME FACILITY SACRAMENTO, CA 95814	\$ 264,914.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BILL WILSON CENTER

94-2221849

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	VARIOUS INDIVIDUALS ----- INTERN THERAPISTS ----- SANTA CLARA, CA 95050 -----	\$ 262,279.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
8	STATE OF CALIFORNIA ----- AFDC STATE PORTION ----- SACRAMENTO, CA 95814 -----	\$ 387,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
9	COUNTY OF SANTA CLARA ----- MENTAL HEALTH SERVICES ----- SAN JOSE, CA 95113 -----	\$ 2,227,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
10	STATE OF CALIFORNIA ----- FOSTER FAMILY SERVICES ----- SACRAMENTO, CA 95814 -----	\$ 433,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)



Name of organization

BILL WILSON CENTER

Employer identification number

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.) . . . . . ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

(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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

BILL WILSON CENTER

Employer identification number

94-2221849

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-d for total number, acreage, certified historic structures, and acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1. > \$
(ii) Assets included in Form 990, Part X. > \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1. > \$
b Assets included in Form 990, Part X. > \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,000.	17,000.			
b Contributions	6,142.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	23,142.	17,000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		2,997,004.		2,997,004.
b Buildings		6,131,658.	1,450,865.	4,680,793.
c Leasehold improvements		248,714.	84,386.	164,328.
d Equipment		174,497.	139,952.	34,545.
e Other		847,460.	266,791.	580,669.

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 8,457,339.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements** N/A

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** N/A

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** N/A

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

-----  
 THE PRINCIPAL PORTION OF THE ENDOWMENT FUNDS IS PERMANENTLY RESTRICTED AND THEREFORE  
 -----  
 MUST BE MAINTAINED IN PERPETUITY BY THE AGENCY. INCOME EARNED EARNED ON THE  
 -----  
 PRINCIPAL BALANCE IS UNRESTRICTED AND WILL BE USED BY THE AGENCY FOR GENERAL  
 -----  
 OPERATING PURPOSES.  
 -----

**PART X - FIN 48 FOOTNOTE**

-----  
 NO MATERIAL IMPACT FROM IMPLEMENTATION  
 -----





**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	BUILDING DREAM (event type)	CIRQUE DE SOLE (event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	209,741.	42,425.	252,166.
2	Less: Charitable contributions			
3	Gross income (line 1 minus line 2)	209,741.	42,425.	252,166.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs	6,672.	6,672.
	7	Food and beverages	24,270.	24,270.
	8	Entertainment		
	9	Other direct expenses	12,830.	2,966.
10	Direct expense summary. Add lines 4- through 9 in column (d)			46,738.
11	Net income summary. Combine lines 3, column (d) and line 10			205,428.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(Add col. (a) through col. (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If 'No,' explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If 'Yes,' explain: -----		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility.....	13a	%
b An outside facility.....	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....

15a YES NO

b If 'Yes,' enter the amount of gaming revenue received by the organization \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party \$\_\_\_\_\_.

c If 'Yes,' enter name and address of the third party:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$\_\_\_\_\_

Description of services provided: ▶ -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....

17a YES NO

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$\_\_\_\_\_

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public  
Inspection

Name of the organization

BILL WILSON CENTER

Employer identification number

94-2221849

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment?                             | <b>4a</b> | X |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? | <b>4b</b> | X |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?    | <b>4c</b> | X |
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>5a</b> | X |
| <b>b</b> Any related organization? | <b>5b</b> | X |
- If 'Yes' to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |                                    |           |   |
|------------------------------------|-----------|---|
| <b>a</b> The organization?         | <b>6a</b> | X |
| <b>b</b> Any related organization? | <b>6b</b> | X |
- If 'Yes' to line 6a or 6b, describe in Part III.

**7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2009

**Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
SPARKY HARLAN	(i)	186,819.	0.	13,406.	7,019.	207,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.
KULWANT ASTHANA	(i)	135,145.	0.	5,467.	2,924.	143,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open To Public Inspection

▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**BILL WILSON CENTER**

Employer identification number

**94-2221849**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....				
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution—Historic structures .....				
14 Qualified conservation contribution—Other .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....	X	1	93,787.	
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ (.....) .....				
26 Other ▶ (.....) .....				
27 Other ▶ (.....) .....				
28 Other ▶ (.....) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

	Yes	No
30a		X
31		X
32a		X

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.



**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Open to Public  
Inspection

Name of the organization

BILL WILSON CENTER

Employer identification number

94-2221849

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

FUTURE FAMILIES -

FOSTER FAMILY AND ADOPTION ENSURES THAT CHILDREN WHO HAVE BEEN PLACED IN FOSTER CARE  
WILL BE MATCHED WITH A FAMILY THAT IS WILLING AND ABLE TO CARE FOR THEM. INCLUDES  
EMERGENCY PLACEMENT, FOSTER TO ADOPT, LONG-TERM FOSTER CARE, AND INTENSIVE  
THERAPEUTIC FOSTER CARE.

CASE AIDE PROGRAM MATCHES TRAINED VOLUNTEERS WITH CHILDREN IN FOSTER CARE WHO NEED  
SERVICES SUCH AS TUTORING, MENTORING, TRANSPORTATION, SUPERVISED VISITS.

THERAPEUTIC COUNSELING FOR CHILDREN AND YOUTH WHO HAVE EXPERIENCED ABUSE AND NEGLECT  
INCLUDES ATTACHMENT, PARENT CHILD INTERACTION, TRAUMA-FOCUSED COGNITIVE BEHAVIORAL,  
AND SOCIAL LEARNING THERAPIES.

DROP-IN CENTER -

DROP-IN CENTER FOR HOMELESS YOUTH PROVIDES BASIC NECESSITIES AS WELL AS COUNSELING,  
JOB READINESS, HOUSING ASSISTANCE, HIV PREVENTION, AND LINKS TO OTHER COMMUNITY  
SERVICES WITH THE GOAL OF HELPING YOUTH EXIT THE STREETS.

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.

HEALING HEART PROGRAM IS DESIGNED FOR CHILDREN AND YOUTH WHO HAVE EXPERIENCED THE  
LOSS OF A LOVED ONE.

CISM PROVIDES TRAINING AND SUPPORT FOR FIRST RESPONDERS.

YOUTH SERVICES -

INDEPENDENT LIVING SKILLS PROGRAM TEACHES YOUTH IN FOSTER CARE THE SKILLS THEY NEED

Name of the organization

BILL WILSON CENTER

Employer identification number

94-2221849

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)**

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.

YOUTH REVOLUTION BRINGS HIGH-RISK YOUTH TOGETHER FOR ONE WEEK OF WORKSHOPS TO LEARN  
LIFE SKILLS, TO ENCOURAGE EDUCATION, AND TO BUILD SELF-MOTIVATION AND HOPE.

FAMILY SERVICES -

CONTACT CARES PROVIDES OBJECTIVE LISTENING, CARING INVOLVEMENT, AND INFORMATION AND  
REFERRALS ON 24-HOUR CRISIS LINES.

FAMILY AND INDIVIDUAL COUNSELING PROVIDES LOW-COST, PROFESSIONAL COUNSELING SERVICES  
TO FAMILIES AND INDIVIDUALS OF ALL AGES.

SCHOOL OUTREACH COUNSELING PROGRAM PROVIDES COUNSELING SERVICES TO STUDENTS IN THE  
MIDDLE AND HIGH SCHOOLS OF SANTA CLARA UNIFIED SCHOOL DISTRICT.

**FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS**

REVIEWED AND APPROVED BY FINANCE COMMITTEE PRIOR TO FILING

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ONGOING MONITORING AND REQUIRED ANNUAL RECERTIFICATIONS

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE:**

COMPENSATION REVIEWED AND APPROVED BY FINANCE COMMITTEE FOLLOWING RESEARCH CONDUCTED  
VIA SURVEY AND PROFESSIONAL PUBLICATIONS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

AVAILABLE UPON REQUEST AND AT [WWW.GUIDESTAR.ORG](http://WWW.GUIDESTAR.ORG)

Name of the organization

BILL WILSON CENTER

Employer identification number

94-2221849

Area with horizontal dashed lines for supplemental information.