Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2018 calendar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019						
В	Check if applicable		D Employer identifi	cation number					
	Address change	BILL WILSON CENTER							
	Name change		94-2	221849					
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number								
	Final return/	3490 THE ALAMEDA	408.	243.0222					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	20,510,165.					
	Amende return	SANIA CLARA, CA 95050	H(a) Is this a group re	eturn					
	Applica tion pending	Trivame and address of principal officer: SPARKI HARLIAN	for subordinates	? Yes X No					
		SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No					
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)					
		e: ► WWW.BILLWILSONCENTER.ORG	H(c) Group exemptio						
			Year of formation: 1974	A State of legal domicile: CA					
P		Summary							
Φ	1 E	Briefly describe the organization's mission or most significant activities: SUPPORT	AND STRENGTHE	V THE					
Governance	9	COMMUNITY BY SERVING YOUTH AND FAMILIES THROU	JGH COUNSELING	, HOUSING,					
rns	2 (Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net ass						
ŏ	3 1		3	18					
		Number of independent voting members of the governing body (Part VI, line 1b)		17					
es	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		282					
Activities &	6 ⊺	otal number of volunteers (estimate if necessary)		201					
Λcti	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		0.					
_	bl	Net unrelated business taxable income from Form 990-T, line 38		0.					
			Prior Year	Current Year					
Revenue	8 (Contributions and grants (Part VIII, line 1h)	1,036,986.	1,168,264.					
	9 F	Program service revenue (Part VIII, line 2g)	18,077,441.	19,179,874.					
ev.	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	38,053.	49,650.					
ш.	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,193.	6,574.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,160,673.	20,404,362.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,068,327.	12,338,293.					
šuš	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25) 307,505.	Thirt in the second of the second						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,108,965.	7,693,975.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,177,292.	20,032,268.					
	19 F	Revenue less expenses. Subtract line 18 from line 12	-16,619.	372,094.					
S OF			Beginning of Current Year	End of Year					
Net Assets (20 ⊺	otal assets (Part X, line 16)	19,958,363.	20,529,733.					
et A	21 T	otal liabilities (Part X, line 26)	6,287,413.	6,463,727.					
	22 N	let assets or fund balances. Subtract line 21 from line 20	13,670,950.	14,066,006.					
,000									
		ies of perjury. I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is					
true	, correct,	and complete. Declaration of preparer (their than officer) is based on all information of which prep	arer has any knowledge.	1/2017 ()					
٥.		Signature of officer	Date	1000					
Sig		,	Date	(
Her	e	SPARKY HARLÁN, CEO Type or print name and title							
			Date Check	PTIN					
Da!		Print/Type preparer's name Preparer's signature Preparer's signature	- 5/21/2020 if	1					
Paid	-	JESSICA CASSINELLI	self-employ						
	-	Firm's name ROBERT LEE & ASSOCIATES, LLP	Firm's EIN ▶	27-1155496					
use	Only	Firm's address > 999 W TAYLOR STREET	D. / A	00\ 0EE (770					
	. 41 15/	SAN JOSE, CA 95126	Phone no. (4						
May	tne IRS	S discuss this return with the preparer shown above? (see instructions)		X Yes No					

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SUPPORT AND STRENGTHEN THE COMMUNITY BY SERVING YOUTH AND FAMILIES
	THROUGH COUNSELING, HOUSING, EDUCATION AND ADVOCACY.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? Lyes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	2 500 160
14	MENTAL HEALTH SERVICES
	MENTAL HEALTH SERVICES ARE PROVIDED TO MEDI-CAL ELIGIBLE INDIVIDUALS
	AND INCLUDE THERAPY AND PSYCHIATRIC SERVICES, INCLUDING INTENSIVE
	OUTPATIENT AND SCHOOL LINKED SERVICES.
	TRANSITION AGE YOUTH MAY GAIN IMMEDIATE ACCESS TO MENTAL HEALTH
	SERVICES THROUGH A CRISIS LINE.
4b	(Code:) (Expenses \$ 2,373,827. including grants of \$) (Revenue \$ 3,180,292.)
	RESIDENTIAL SERVICES
	PROVIDES SHORT-TERM HOUSING FOR HOMELESS AND RUNAWAY YOUTH AT BWC'S
	RESIDENTIAL PROGRAMS AND HOST HOMES. YOUTH RECEIVE INTENSIVE
	INDIVIDUAL, GROUP AND FAMILY COUNSELING IN ORDER TO REUNITE YOUTH WITH
	THEIR FAMILIES.
	QUETZAL HOUSE PROVIDES SHORT-TERM HOUSING FOR GIRLS, AGES 13 TO 17, WHO ARE CHRONIC RUNAWAYS FROM THE FOSTER CARE SYSTEM OR FROM THEIR
	FAMILIES.
	TRANSITIONAL HOUSING PLACEMENT PROGRAM PROVIDES SEMI-INDEPENDENT
	LIVING FOR YOUTH AGES 16 TO 19, INCLUDING PARENTING YOUTH, WHO ARE IN
	THE FOSTER CARE SYSTEM. THE YOUTH LEARN THE SKILLS THEY NEED TO BECOME
	SELF-SUFFICIENT.
40	(Code:) (Expenses \$ 5,250,537. including grants of \$) (Revenue \$ 5,840,973.)
	TRANSITIONAL HOUSING
	TRANSITIONAL HOUSING PROGRAM PROVIDES HOUSING AND SUPPORT SERVICES FOR
	HOMELESS YOUTH AGES 16 - 24, INCLUDING PARENTING YOUTH AND THEIR
	INFANTS/TODDLERS.
	THP+ PROVIDES RENTAL SUBSIDIES AND SUPPORT SERVICES FOR YOUTH WHO HAVE
	AGED OUT OF FOSTER CARE.
	THP+ FOSTER CARE PROVIDES HOUSING AND SUPPORT SERVICES FOR YOUTH WHO
	HAVE ELECTED TO STAY IN FOSTER CARE AFTER TURNING 18.
	YOUNG ADULT SHELTER
	EMERGENCY HOUSING SERVICES
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 6,357,641. including grants of \$) (Revenue \$ 6,243,554.)
4e	Total program service expenses ► 17,571,174.
	Form 990 (2018)

Form 990 (2018) BILL WILSON CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
L	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 22	Х
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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Form 990 (2018)

Part IV Checklist of Required Schedules (continued)

Did the organization answer "Ves" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustess, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  27d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  28d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person on the stransaction with a disqualified person on any or 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 promptes and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former forces, director, trustee, see yemployees, or disqualified persons? If "Yes," complete Schedule I, Part II  27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a \$5% controlled entity or family member of a current or former off	## Pies," complete Schedule I, Parts I and III ## Pies," to Part VII, Section A, line 9, 4, or 5 about compensation of the organization's current ors, flustees, key employees, and highest compensated employees? If "Yes," complete at ax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the ras issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete line 25a  at ax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the ras issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete line 25a  as an "on behalf of" issuer for bonds outstanding at any time during the year to defease 24c  sa on "on behalf of" issuer for bonds outstanding at any time during the year?  44d  44, and \$51(e)(29) organizations. Did the organization engage in an excess benefit filed person during the year? If "yes," complete Schedule L, Part I I that it engaged in an excess benefit transaction with a disqualified person in a prior year, and ot been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete to the propriete on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete to the enterported on any of the organization sprior Forms 990 or 990-EZ? If "Yes," complete to the enterported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete that it engaged in an excess benefit transaction with a disqualified person in a prior year, and to there assistance to an officer, director, trustee, key employees, bustantial reserved, a grant selection committee member, or a 55% controlled entity or family member thereof, a grant selection committee member, or a 55% controlled entity or family member thereof, a grant selection committee member, or a 55% complete Schedule L, Part IV  27		·		Yes	No
Did the organization answer "Ves" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustess, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  27d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  28d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person on the stransaction with a disqualified person on any or 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 promptes and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former forces, director, trustee, see yemployees, or disqualified persons? If "Yes," complete Schedule I, Part II  27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a \$5% controlled entity or family member of a current or former off	er "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current ors, trustees, key employees, and highest compensated employees? "If "Yes," complete 23 X x a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the year is issued after December 31, 2002? "If "Yes," answer lines 24b through 24d and complete line 25a 24b 24a 24b 24b 25a 24b 25a 24b 25a 24b 25a 24b 25a 24b 25a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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? If "Yes," complete Schedule J.  24 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, that was issued after becember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25s.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  27 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  28 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  28 Did be organization and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former domes, directors, directors, trustees, level proposes, or disqualified persons? If "Yes," complete Schedule I, Part II and that the transaction with a disqualified persons? If "Yes," complete Schedule I, Part IV and the proposition of any of these persons? If "Yes," complete Schedule I, Part IV and the proposition of the proposition of the proposition of any of these persons? If "Yes," complete Schedule I, Part IV and the proposition of	re "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current ors, trustees, key employees, and highest compensated employees? "I "Yes," complete at a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the vast issued after December 31, 2002? "If "Yes," answer lines 24b through 24d and complete line 25a."  24a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule J 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and compilete Schedule K, If "No," go to line 25a  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  26a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person out mit the transaction with a disqualified person of 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 sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former blores, director, sutsee, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III  26b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions for applicable fling thresholds, conditions, and exceptions:  27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M  30 Did the organization receive contributions of explositions and exceptions	a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete line 25a t any proceeds of tax-exempt bonds beyond a temporary period exception?  At any proceeds of tax-exempt bonds beyond a temporary period exception?  At any proceeds of tax-exempt bonds beyond a temporary period exception?  At any proceeds of tax-exempt bonds beyond a temporary period exception?  At any proceeds of tax-exempt bonds beyond a temporary period exception?  At any proceeds of tax-exempt bonds outstanding at any time during the year to defease  as an "on behalf of" issuer for bonds outstanding at any time during the year?  At any anount on exemptions beyond a temporary period exception?  At any anount on the any proceed at a second and any time during the year?  At any anount on Part X, line 5, 6, or 22 for receivables from or payables to any current or trustees, key employees, lighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II and a grant selection committee member, or to a 35% controlled entity or family member if "Yes," complete Schedule L, Part II and to refer to the substance or key employee? If "Yes," complete Schedule L, Part II and to romer officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and to romer officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and reconstruction of art, historical treasures, or other similar assets, or qualified conservation and process of a secondary of the	23				
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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-E2? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III and A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization orelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled ent	that it engaged in an excess benefit transaction with a disqualified person in a prior year, and ot been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b X trany amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," transaction with or of trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 26 X de a grant or other assistance to an officer, director, trustee, key employee, substantial lenered, a grant selection committee member, or to a 35% controlled entity or family member If "Yes," complete Schedule L, Part IV and the subsiness transaction with one of the following parties (see Schedule L, Part IV filling thresholds, conditions, and exceptions):  In director, trustee, or key employee? If "Yes," complete Schedule L, Part IV for former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV for or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV for or indirect owner? If "Yes," complete Schedule L, Part IV for or former officer, director, trustee, or key employee? If "Yes," complete Schedule M for or former officer, director, trustee, or key employee? If "Yes," complete Schedule M for or former officer, director, trustee, or key employee (or a family member thereof) was an officer, or indirect owner? If "Yes," complete Schedule L, Part IV for or family member thereof) was an officer, or indirect owner? If "Yes," complete Schedule M for or family member thereof) was an officer, or indirect owner? If "Yes," complete Schedule M for or family member thereof) was an officer, or indirect owner? If "Yes," complete Schedule R, Part IV for formity for formity for family member thereof) was an officer, or indirector, trustee, or key employee? If "Yes," complete Schedule R, Part II, III, or IV, and for formity for formity for formity for formity for formit	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part II  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  34 Section 501(c)(3) organizations. Did the organization ha	at any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," at II any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," at II are 3 for or other assistance to an officer, director, trustee, key employee, substantial neereof, a grant selection committee member, or to a 35% controlled entity or family member If "Yes," complete Schedule L, Part III arty to a business transaction with one of the following parties (see Schedule L, Part IV filling thresholds, conditions, and exceptions): , director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and tor former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV are more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule M are terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part II, III, or IV, and are controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and are controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 are par	b	, , ,			
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Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 28 2  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization inquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-naritable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.  37 Did	t any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," till till de a grant or other assistance to an officer, director, trustee, key employee, substantial hereof, a grant selection committee member, or to a 35% controlled entity or family member (If "Yes," complete Schedule L, Part III try to a business transaction with one of the following parties (see Schedule L, Part IV filing thresholds, conditions, and exceptions):  In director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ges and to former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ges and to former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ges and to former officer, director, trustee, or key employee (or a family member thereof) was an officer, or indirect owner? If "Yes," complete Schedule L, Part IV ges and to former officer, director, trustee, or key employee? If "Yes," complete Schedule M get and to form on on-cash contributions? If "Yes," complete Schedule M get and to form on on-cash contributions? If "Yes," complete Schedule M get and to form on on on-cash contributions? If "Yes," complete Schedule M get and to form on one on the similar assets, or qualified conservation get get and to form on one on the similar assets, or qualified conservation get		, ,	25b		Х
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28	de a grant or other assistance to an officer, director, trustee, key employee, substantial nereof, a grant selection committee member, or to a 35% controlled entity or family member if "Yes," complete Schedule L, Part III			26		Х
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of any of these persons? If "Yes," complete Schedule L, Part III  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? If "Yes," complete Schedule L, Part IV  28a  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I    31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I    32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt n	If "Yes," complete Schedule L, Part III Irty to a business transaction with one of the following parties (see Schedule L, Part IV If liling thresholds, conditions, and exceptions): , director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X ent or former officer, director, trustee, or key employee (or a family member thereof) was an officer, or indirect owner? If "Yes," complete Schedule L, Part IV 28b X Intervention of the following parties (see Schedule L, Part IV 28b X Intervention of indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 X  29 X  29 X  20 A See contributions of art, historical treasures, or other similar assets, or qualified conservation of indirect schedule M 29 X  20 A set, terminate, or dissolve and cease operations?  21 A sexchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 20 A set to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II 21 A set to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 22 A set or or or engage in any transaction with a controlled entity store or engage in any transaction with a controlled entity store or engage in any transaction with a controlled entity store. If "Yes," complete Schedule R, Part V, line 2  20 A store or or or end or end or engage in any transaction with a controlled entity store. If "Yes," complete Schedule R, Part V, line 2  21 A store or or or end or or or engage in any transaction with a controlled entity store. If "Yes," complete Schedule R, Part V, line 2  22 A store or or or or end or engage in any transaction with a controlled entity store. If "Yes," complete Schedule R, Part V, line 2  22 A store or or or or or engage in any transaction with a controlled entity store. If "Yes," complete Schedule R, Part V, line 2  23 A store or or or or or or or engage in any transaction with a controlled entity store. If "Yes," complete Schedule R, Part V, line 2  23 A store or					
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Check if Schedule O contains a response or note to any line in this Part V			Check if Schedule O contains a response or note to any line in this Part V			$\Box$
					Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   169						
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	The strong death and the Enter of the dependance		Enter the number of Fermi W Zermeladed in line fat. Enter of in Net applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		С				
(gambling) winnings to prize winners?	ze winners? 1c		(gambling) winnings to prize winners?		000	<u> </u>

#### Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 282 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 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)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Form **990** (2018)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

X

BILL WILSON CENTER 94-2221849 Page 6 Form 990 (2018) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶CA

3490 THE ALAMEDA, SANTA CLARA, CA

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION − 408.243.0222

Form **990** (2018)

95050

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.
- 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, if any. See instructions for definition of "key employee."
- 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.

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)  Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D)  Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other	
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) RON RICCI	2.00									_	
PRESIDENT	1 00	Х		Х				0.	0.	0.	
(2) DEBORAH STANLEY	1.00	ļ									
VICE PRESIDENT		Х		Х				0.	0.	0.	
(3) TRACY HANSON TREASURER	2.00	х		x				0.	0.	0.	
(4) CYNTHIA O'LEARY	1.00							-	-		
DIRECTOR		Х		х				0.	0.	0.	
(5) ERIKA GASAWAY	1.00										
DIRECTOR		Х						0.	0.	0.	
(6) MARIE-ELAINE BURNS	1.00									_	
DIRECTOR		Х						0.	0.	0.	
(7) GEORGE DELUCCHI	1.00										
DIRECTOR		X						0.	0.	0.	
(8) KAREN GULDAN	2.00										
DIRECTOR		X						0.	0.	0.	
(9) VICTOR GARZA	1.00										
DIRECTOR		Х						0.	0.	0.	
(10) HELEN GRAYS-JONES	2.00										
DIRECTOR		Х						0.	0.	0.	
(11) ALEX WILSON	1.00										
DIRECTOR		Х						0.	0.	0.	
(12) MICAEL ESTREMERA	1.00								_	_	
DIRECTOR		Х						0.	0.	0.	
(13) MARK WEINER	1.00	l									
DIRECTOR		Х						0.	0.	0.	
(14) PEDRO MURILLO	1.00	ļ									
DIRECTOR	1 00	Х						0.	0.	0.	
(15) SAMANTHA HERNANDEZ	1.00	ļ								•	
DIRECTOR	40.00	Х						0.	0.	0.	
(16) SPARKY HARLAN	40.00	٠,		,,				245 222		26 100	
CEO/CFO	1 00	X	_	Х	_	-	-	245,280.	0.	26,199.	
(17) DARRELL EVORA	1.00								0.	^	
DIRECTOR		X		<u> </u>	l	<u> </u>		0.	1 0.	0.	

832007 12-31-18

Form **990** (2018)

(F)

Work (list any hours for related organizations when the organization (W2/1089 MISC)   W2/1089 MISC)   W2/10	Name and title	Average Position (do not check more than one box, unless person is both an				than		Reportable Reportab compensation compensat						
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1.00   X			stee	truste		۰.	bens		(W-2/1099-MISC)			_		
1.00   X		1 "	ual tru	ional		ploye	t com							
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Solid the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of compensation from the organization in fermion than \$100,000 of compensation from the organization in fermion the organization in fermion f												138	<u>, 67</u>	<u>6.</u>
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3		<u> </u>
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rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C												4	<u> </u>	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation the organization of compensation of compensation the organization of compensation o	· · · · · · · · · · · · · · · · · · ·					•			ed organization or individ	lual for services				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None  Pescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.		mplete Schedul	e J f	or su	ıch ,	pers	on					5		<u>X</u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0	·													
(A) Name and business address NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		•	•							•	ensat	tion fror	n	
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0		the calendar y	ear e	endir	ng w	ith c	or wi	thin		ear.				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0		o addraga	37/	<b>-</b>	_					onioco	0			
\$100,000 of compensation from the organization   0	Name and pusiness address NONE Description of services								ompen	Salion				
\$100,000 of compensation from the organization   0														
\$100,000 of compensation from the organization   0														
\$100,000 of compensation from the organization   0														
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\$100,000 of compensation from the organization   0	O Tabel more to a Charles and the charles	(in all rather or 1 1 1	-4 "		J. F.	<b>1</b> 1-				and the co				
Trodisor of compensation from the organization	·		ot IIr	nited	סז נ		_	ted	above) who received mo	ore than				
	w 100,000 of compensation from the organ	112atiOH										Form 9	90 (2)	018)

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Form 990 (20		BILL	
Part VIII	Statement	of Reve	nue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			<u></u>	<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					312 311
ant	. u	Membership dues	1 1					
P, G	c	Fundraising events		140,422.				
ífts, r A	q	Related organizations		, -				
nia	۰ و	Government grants (contributi						
ons Sir	f	All other contributions, gifts, gran						
uti		similar amounts not included abov		1,027,842.				
ot	а	Noncash contributions included in lines		43,211.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,168,264.			
<u> </u>				Business Code	, ,			
ø)	2 a	PROGRAM SERVICE FEES		623990	18,764,861.	18,764,861.		
vic	_ b		_	531110	236,745.	236,745.		
Program Service Revenue	c	PROGRAM SERVICES REIMBU	JRSED	623990	178,268.	178,268.		
am.	d		_		,	,		
gra	e		_					
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f			19,179,874.			
	3	Investment income (including						
		other similar amounts)			39,395.			39,395.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	71,039.					
	b	Less: cost or other basis						
		and sales expenses	60,784.					
	С	Gain or (loss)	10,255.					
	d	Net gain or (loss)		▶	10,255.			10,255.
ıne	8 a	Gross income from fundraising including \$ 140	-					
Other Revenu		contributions reported on line						
Re		Part IV, line 18		12,150.				
her	h	Less: direct expenses		15.010				
₽		Net income or (loss) from fund		, 	-32,869.			-32,869.
		Gross income from gaming ac			,			,
	_ J <b>u</b>	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less		,				
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS INCOME		623990	39,443.	39,443.		
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			39,443.			
	12	Total revenue. See instructions	<u></u>	<u></u> ▶	20,404,362.	19,219,317.	0.	16,781.

Form 990 (2018) BILL WILSON CENTER
Part IX Statement of Functional Expenses

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

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respor	se or note to any line in									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	733,590.	239,238.	428,420.	65,932.						
6	Compensation not included above, to disqualified										
	persons (as defined under section $4958(f)(1)$ ) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	8,815,702.	7,643,284.	1,037,916.	134,502.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	1 000 000	1 (50 )50	200 000	25 452						
9	Other employee benefits	1,999,337.	1,656,956.	307,222.	35,159. 17,406.						
10	Payroll taxes	789,664.	681,661.	90,597.	17,406.						
11	Fees for services (non-employees):										
а	Management	CA 410	F.C. C0.2	7 156	CF1						
b	Legal	64,410. 76,255.	56,603.	7,156.	651. 770.						
	Accounting	/0,433.	67,012.	0,4/3.	770.						
	Lobbying										
e	Professional fundraising services. See Part IV, line 17	8,917.		8,917.							
f	Investment management fees	0,917.		0,911.							
g	Other. (If line 11g amount exceeds 10% of line 25,	633,567.	608,703.	22,139.	2,725.						
40	column (A) amount, list line 11g expenses on Sch 0.)  Advertising and promotion	033,307.	000,703.	22,139.	2,723.						
12 13											
14	Office expenses Information technology										
15	Royalties										
16	Occupancy	2,304,123.	2,299,631.	4,393.	99.						
17	Travel	169,815.	152,612.	16,402.	801.						
18	Payments of travel or entertainment expenses	103/013.	132/0120	10/1021	0011						
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	18,754.	8,777.	9,888.	89.						
20	Interest	101,882.	92,375.	9,507.							
21	Payments to affiliates	,,,,,,,	,	-,							
22	Depreciation, depletion, and amortization	431,345.	395,708.	26,613.	9,024.						
23	Insurance	158,009.	122,563.	34,194.	1,252.						
24	Other expenses. Itemize expenses not covered										
•	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule O.)	4 00 7 000	1 000 == :								
а	SPECIFIC ASSISTANCE	1,097,929.	1,092,534.	5,395.							
b	FOOD AND BEVERAGES	484,195.	477,659.	6,313.	223.						
С	PAYMENTS TO SUB-RECIPIE	329,968.	329,968.								
d	FOSTER FAMILY FEES	290,715.	290,715.	120 044	20 000						
	All other expenses	1,524,091.	1,355,175.	130,044.	38,872.						
25	Total functional expenses. Add lines 1 through 24e	20,032,268.	17,571,174.	2,153,589.	307,505.						
26	<b>Joint costs.</b> Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2018)						
832010	) 12-31-18				Form 330 (2018						

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			12,132.	1	38,148.
	2	Savings and temporary cash investments			1,487,870.	2	2,027,589.
	3	Pledges and grants receivable, net			3,727,971.	3	3,916,555.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
	-	trustees, key employees, and highest compensa		' ' '			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
w		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B			239,511.	9	228,956.
	10a	Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D	10a	17,972,405.			
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	4,897,288.	13,310,850.	10c	13,075,117.
	11	Investments - publicly traded securities			1,180,029.	11	13,075,117. 1,243,368.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			19,958,363.	16	20,529,733.
	17	Accounts payable and accrued expenses			2,166,684.	17	2,737,805.
	18	Grants payable		18			
	19	Deferred revenue			412.	19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
ģ	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
abi		Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			4,120,317.	25	3,725,922.
	26				6,287,413.	26	6,463,727.
		Organizations that follow SFAS 117 (ASC 958	), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	d 34.		E 000 064		5 504 000
Š	27				5,038,364.	27	5,704,838.
3ala	28	• •			8,632,586.	28	8,361,168.
β	29					29	
Ξ		Organizations that do not follow SFAS 117 (AS					
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			12 670 050	32	14 066 006
Z	33				13,670,950.	33	14,066,006.
	34	Total liabilities and net assets/fund balances			19,958,363.	34	20,529,733.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,40					
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,03					
3	Revenue less expenses. Subtract line 2 from line 1	3		2,0				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,67					
5	Net unrealized gains (losses) on investments	5	2	2,9	62.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	14,06	6,0	06.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>D</b> .						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	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?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit						
	Act and OMB Circular A-133?		За	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	· ·					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х				
		_	Forr	<b>990</b>	(2018)			

#### SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

**Employer identification number** Name of the organization BILL WILSON CENTER 94-2221849 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	861,703.	972,163.	893,460.	1036986.	1200306.	4964618.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	861,703.	972,163.	893,460.	1036986.	1200306.	4964618.		
	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)						668,398.		
6	Public support. Subtract line 5 from line 4.						4296220.		
	tion B. Total Support				ı				
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
	Amounts from line 4	861,703.	972,163.	893,460.	1036986.	1200306.	4964618.		
	Gross income from interest,	, , , , , , ,	,						
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	235,525.	219.406.	218.149.	244.902.	276,140.	1194122.		
	Net income from unrelated business								
Ŭ	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	16,826.	22,940.	99,173.	30 934	39,443.	209 316.		
11	Total support. Add lines 7 through 10	10/0200	22/3101	33/1730	30,331	33,113	6368056.		
	Gross receipts from related activities,	etc (see instructio	ne)			12 82	,674,139.		
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t fourth or fifth ta			70,17200		
	organization, check this box and stop	-			•				
Sec	tion C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2018 (li		_	olumn (fl)		14	67.47 %		
	Public support percentage from 2017					15	67.20 %		
	<b>33 1/3% support test - 2018.</b> If the co								
	<b>stop here.</b> The organization qualifies								
h	<b>33 1/3% support test - 2017.</b> If the co								
-	and <b>stop here.</b> The organization quali	•		•		•			
172	10% -facts-and-circumstances test								
., u	and if the organization meets the "fac	_							
	meets the "facts-and-circumstances"			-	•	-			
	10% -facts-and-circumstances test								
		_							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	<b>Private foundation.</b> If the organization			•	,				
.0	ate roundation. If the organizatio	in did not oneon a l	50A OIT III IG 10, 106	a, 100, 17a, 01 170		edule A (Form 990			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	ļ						
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the	ļ						
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to	ļ						
	or expended on its behalf	ļ						
5	The value of services or facilities							
	furnished by a governmental unit to	ļ						
	the organization without charge	ļ						
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,	ļ						
	and income from similar sources	ļ						
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
(	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on	ļ						
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,	
	check this box and stop here						<b>&gt;</b>	
Se	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%	
	Public support percentage from 2017					16	%	
Se	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%	
	Investment income percentage from					18	%	
19a	a 33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	<b>&gt;</b>	
k	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization		
20								

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
2-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
00		
9с		
10a		<u></u>
10b		
100		

Pal	Supporting Organizations (Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c		<u> </u>
Sec	tion B. Type i Supporting Organizations		V	N ₂
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	7 7 1			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ruotiono		
2	Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	.,,,
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

rar	TEV   Type III Non-Functionally integrate	ea 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accomp	plish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthe	rs exemp	ot purposes of supported		
	organizations, in excess of income from activity				
3	· · · · · · · · · · · · · · · · · · ·				
	<u> </u>				
5	Qualified set-aside amounts (prior IRS approval requ				
6	*				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	which th	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.		J		
9	Distributable amount for 2018 from Section C, line 6	 3			
		=			
	amount amount into a amount		(i)	(ii)	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	3			
2	Underdistributions, if any, for years prior to 2018 (real	ason-			
	able cause required- explain in Part VI). See instruct	tions.			
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018	3, if			
	any. Subtract lines 3g and 4a from line 2. For result	-			
	than zero, explain in <b>Part VI.</b> See instructions.	-			
6	Remaining underdistributions for 2018. Subtract line	es 3h			
	and 4b from line 1. For result greater than zero, expl				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines	3i			
-	and 4c.	.,			
8					
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

0040

**Employer identification number** 

94-2221849

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

➤ Go to www.irs.gov/Form990 for the latest information.

BILL WILSON CENTER

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2018

OMB No. 1545-0047

Organiza	Organization type (check one):						
Filers of	:	Section:					
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
but it <b>m</b> u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization Employer identification number

## BILL WILSON CENTER

94-2221849

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$34,847.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 67,151.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization Employer identification number

# BILL WILSON CENTER

94-2221849

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>200,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 60,092.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## BILL WILSON CENTER

94 - 2221849

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** BILL WILSON CENTER 94-2221849 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BILL WILSON CENTER

**Employer identification number** 94-2221849

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d 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 a	dvisors in writing that grant funds can be us	sed only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area				
	Protection of natural habitat Preservation of a certified historic structure						
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired a		1 1				
	listed in the National Register						
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax				
_	year ▶						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
_	violations, and enforcement of the conservation easements in						
6	Staff and volunteer hours devoted to monitoring, inspecting,	riandling of violations, and emorcing conse	rvation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on assements during the year				
•	\$ \$	alling of violations, and emorcing conservation	or easements during the year				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)				
Ŭ	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organiza	·	•				
	conservation easements.		gg				
Par		f Art, Historical Treasures, or Oth	er Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,				
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtherand	e of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri	bes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
<u>b</u>	Assets included in Form 990, Part X		• \$				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,934,417.		3,934,417.
<b>b</b> Buildings		13,494,930.	4,419,268.	9,075,662.
c Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		543,058.	478,020.	65,038.
Total Add lines 1a through 1e (Calumn (d) must equa	J. Farm OOO. Don't V. activis	mm (D) line 10e )		13.075.117.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 BILL WILSON	CENTER	94	-2221849	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	/alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	/alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
			1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEPOSITS	140,631.
(3)	NOTE PAYABLE CURRENT	92,194.
(4)	NOTE PAYABLE NON-CURRENT	3,493,097.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,725,922.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
. u		ganization answered "Yes" o			The venue per me			
1	•	-				1	20,882	687
	, 0 ,	other support per audited fir				-	20,002	, 007.
2		e 1 but not on Form 990, Part	,	ا ء ا	22,962.			
a		ses) on investments			464,280.			
b		e of facilities			404,200.			
C		grants			0 017			
d		III.)		2d	-8,917.		470	225
е	, .a.aa caga.					2e		325.
3		1				3	20,404	.,36∠.
4		m 990, Part VIII, line 12, but i		1 1				
а	•	included on Form 990, Part						
b	Other (Describe in Part X	III.)		4b				
С	Add lines 4a and 4b					4c		0.
5	Total revenue. Add lines	<b>3</b> and <b>4c.</b> (This must equal Fo	orm 990. Part I. line 1:	2.)		5	20,404	.,362.
Pa	rt XII Reconciliation	n of Expenses per Aud	ited Financial S	tatements Wit	h Expenses per F	Retur	n.	
Pa	rt XII Reconciliation	n of Expenses per Aud ganization answered "Yes" o	ited Financial S	tatements Wit	h Expenses per F			
Pa 1	rt XII Reconciliation  Complete if the or	n of Expenses per Aud	ited Financial S n Form 990, Part IV,	tatements Wit line 12a.	h Expenses per F	letur 1	n. 20,487	,631.
Pa	Complete if the or	n of Expenses per Aud ganization answered "Yes" o	ited Financial S n Form 990, Part IV, nents	tatements Wit line 12a.	h Expenses per F			,631.
Pa 1	Complete if the or Total expenses and losse Amounts included on line	n of Expenses per Aud ganization answered "Yes" or s per audited financial staten	ited Financial S n Form 990, Part IV, nents	tatements Wit	h Expenses per F			,631.
1 2	Complete if the or Total expenses and losse Amounts included on line Donated services and us	n of Expenses per Aud ganization answered "Yes" of se per audited financial staten to 1 but not on Form 990, Part to of facilities	ited Financial S n Form 990, Part IV, nents IX, line 25:	tatements Wit	h Expenses per F			,631.
1 2 a	Complete if the or Total expenses and losse Amounts included on line Donated services and us Prior year adjustments	n of Expenses per Aud ganization answered "Yes" of s per audited financial staten and but not on Form 990, Part	ited Financial S n Form 990, Part IV, nents IX, line 25:	tatements Wit	h Expenses per F			,631.
1 2 a	Complete if the or Total expenses and losse Amounts included on line Donated services and us Prior year adjustments Other losses	n of Expenses per Aud ganization answered "Yes" of se per audited financial staten to 1 but not on Form 990, Part to of facilities	ited Financial S n Form 990, Part IV, nents IX, line 25:	tatements With line 12a.  2a 2b 2c	h Expenses per F			7,631.
1 2 a b	Complete if the or Total expenses and losse Amounts included on line Donated services and us Prior year adjustments Other losses Other (Describe in Part X	n of Expenses per Aud ganization answered "Yes" of se per audited financial staten e 1 but not on Form 990, Part e of facilities	ited Financial S n Form 990, Part IV, nents IX, line 25:	tatements With line 12a.  2a 2b 2c 2d	464,280.		20,487	,631.
1 2 a b c	Complete if the or Total expenses and losse Amounts included on line Donated services and us Prior year adjustments Other losses Other (Describe in Part X Add lines 2a through 2d	n of Expenses per Aud ganization answered "Yes" of es per audited financial staten e 1 but not on Form 990, Part e of facilities	ited Financial S n Form 990, Part IV, nents IX, line 25:	tatements With line 12a.  2a 2b 2c 2d	464,280.	1	20,487	.,280.
1 2 a b c	Complete if the or Total expenses and losse Amounts included on line Donated services and us Prior year adjustments Other losses Other (Describe in Part X Add lines 2a through 2d Subtract line 2e from line	n of Expenses per Aud ganization answered "Yes" of es per audited financial staten e 1 but not on Form 990, Part e of facilities	ited Financial S n Form 990, Part IV, nents IX, line 25:	tatements With line 12a.  2a 2b 2c 2d	464,280.	1 2e	20,487	.,280.
1 2 a b c d e 3	rt XII Reconciliation  Complete if the or  Total expenses and losse Amounts included on line Donated services and us Prior year adjustments Other losses Other (Describe in Part X Add lines 2a through 2d Subtract line 2e from line Amounts included on For	n of Expenses per Aud ganization answered "Yes" of ses per audited financial staten e 1 but not on Form 990, Part e of facilities	ited Financial S n Form 990, Part IV, nents IX, line 25:	tatements With line 12a.  2a 2b 2c 2d	464,280.	1 2e	20,487	.,280.
1 2 a b c d e 3 4	rt XII Reconciliation Complete if the or Total expenses and losse Amounts included on line Donated services and us Prior year adjustments Other losses Other (Describe in Part X Add lines 2a through 2d Subtract line 2e from line Amounts included on For Investment expenses not	n of Expenses per Aud ganization answered "Yes" of the sest of	ited Financial S n Form 990, Part IV, nents IX, line 25:	2a	464,280.	1 2e	20,487	.,280.
1 2 a b c d e 3 4 a	Complete if the or Total expenses and losse Amounts included on line Donated services and us Prior year adjustments Other losses Other (Describe in Part X Add lines 2a through 2d Subtract line 2e from line Amounts included on Fol Investment expenses not Other (Describe in Part X	n of Expenses per Aud ganization answered "Yes" of the series per audited financial staten to 1 but not on Form 990, Part to of facilities  III.) Tm 990, Part IX, line 25, but no	ited Financial S n Form 990, Part IV, nents IX, line 25:	2a   2b   2c   2d	464,280. 8,917.	1 2e	20,487 464 20,023	.,280.

| Part XIII | Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND WILL RECOGNIZE A LOSS CONTINGENCY WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE CONSOLIDATED FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED. AS OF JUNE 30, 2019, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

	LSON CENTER				94-2221	849			
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes				
(i) Name and address of individual or entity (fundraiser)	have custody 1.								
		Yes	No						
⁻ otal			<b>•</b>						
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration			

832081 10-03-18

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BUILDING OTHER NONE (add col. (a) through DREAMS FUNDRFUNDRAISING col. (c)) (total number) (event type) (event type) 144,987. 7,585. 152,572. 1 Gross receipts 140,422. 140,422. 2 Less: Contributions 4,565. 7,585. **3** Gross income (line 1 minus line 2) 12,150. 4 Cash prizes 5 Noncash prizes Direct Expenses 5,540. 5,540. 6 Rent/facility costs 25,985. 25,985. 7 Food and beverages 8 Entertainment 13,494. 13,494. Other direct expenses 45,019. **10** Direct expense summary. Add lines 4 through 9 in column (d) -32,869. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 BILL WILSON CENTER	94-2221849 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming re	venue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a of gaming revenue retained by the third party ▶\$	and the amount
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:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds t	0
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	ns or spent in the
organization's own exempt activities during the tax year > \$	•
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	s (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990 or 990-EZ)	BILL WILSON	CENTER	94-2221849	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Infor</b>	mation (continued)			
		1,			

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#### SCHEDULE J (Form 990)

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

**2018** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

BILL WILSON CENTER

Employer identification number 94-2221849

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant    X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section E01(a)(2) E01(a)(4) and E01(a)(00) agreening tions must complete lines E.O.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	Ea		y
a h	The organization?	5a		X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b		-23
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
_		6a		х
	The organization?			X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		-23
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•		7		х
8				
•		8		х
9		Ť		
•		9		
8	not described on lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8 9		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990	
(1) SPARKY HARLAN	(i)	245,280.	0.	0.	17,967.	8,232.	271,479.	0.	
CEO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DEBORAH PELL	(i)	184,735.	0.	0.	12,494.	8,232.	205,461.	0.	
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) PILAR FURLONG	(i)	155,389.	0.	0.	11,190.	8,232.	174,811.	0.	
CHIEF COMMUNITY RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) IVIS PENA	(i)	156,026.	0.	0.	9,855.	8,232.	174,113.	0.	
CHIEF ADMINTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) PAMELAH STEPHENS	(i)	146,652.	0.	0.	5,619.	7,517.	159,788.	0.	
DIVISION DIRECTOR-MHS	(ii)	0.	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)								

Page 2

Schedule J (Form 990) 2018

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization BILL WILSON CENTER Employer identification number 94-2221849

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminin	_	3
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	X	1	32,042.				
19 20	Food inventory  Drugs and medical supplies			52,042				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (VARIOUS GIFTS)	Х	38	43,211.				
26	Other (							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organization	zation durino	the tax vear for c	ontributions				
	for which the organization completed Form 82							
		,, -		, <u></u>		,	es	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	-			<del>-</del>			
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties							
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							
	If the organization didn't report an amount in c				cked,	4.5	200)	2010

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

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### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BILL WILSON CENTER

Employer identification number 94-2221849

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION AND ADVOCACY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: YOUTH AND FAMILY SERVICES SAFE PLACE PROVIDES YOUTH WITH EASY ACCESS TO SERVICES OR SAFETY. FAMILY ADVOCACY SERVICES PROVIDES SUPPORT TO FAMILIES WHO HAVE CHILDREN ATTENDING LINCOLN OR MT. PLEASANT HIGH SCHOOLS WHO ARE STRUGGLING DUE TO THEIR FAMILY'S HOMELESSNESS. RAPID REHOUSING AND SUPPORTIVE SERVICES PROVIDES CASE MANAGEMENT AND RENTAL ASSISTANCE TO YOUTH AND YOUNG PARENT FAMILIES. INDEPENDENT LIVING PROGRAM FOR YOUTH AND YOUNG ADULTS IN FOSTER CARE. FOSTER FAMILY SERVICES FOSTER FAMILY PROGRAM RECRUITS FOSTER FAMILIES AND MATCHES CHILDREN IN THE FOSTER CARE SYSTEM WITH FAMILIES THAT ARE TRAINED AND SUPPORTED TO CARE FOR THEM. INCLUDES FOSTER TO ADOPT, AND INTENSIVE THERAPEUTIC FOSTER CARE AND TREATMENT FOSTER CARE SERVICES. VOLUNTEER CASE AIDE PROGRAM MATCHES TRAINED VOLUNTEERS WITH CHILDREN IN FOSTER CARE WHO NEED SERVICES SUCH AS TUTORING, MENTORING, SUPERVISED VISITS. DROP-IN-CENTER DROP-IN-CENTER FOR HOMELESS YOUTH AND YOUNG ADULTS PROVIDES BASIC NECESSITIES AS WELL AS CASE MANAGEMENT, JOB READINESS, HOUSING ASSISTANCE, HIV PREVENTION, AND OUTREACH SERVICES WITH THE GOAL OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization **Employer identification number** BILL WILSON CENTER 94-2221849 HELPING YOUTH AND YOUNG ADULTS EXIT THE STREETS. COUNSELING SERVICES CONTACT CARES VOLUNTEERS PROVIDE SUPPORTIVE LISTENING, INFORMATION AND REFERRAL THROUGH 24-HOUR CRISIS LINES. COUNSELORS PROVIDE LOW-COST, PROFESSIONAL COUNSELING SERVICES TO FAMILIES AND INDIVIDUALS OF ALL AGES. PARENT-CHILD INTERACTIVE THERAPY AND TRAINING PROVIDES THERAPEUTIC COACHING TO PARENTS WITH YOUNG CHILDREN IN AN EFFORT TO BUILD POSITIVE RELATIONSHIPS. SCHOOL OUTREACH COUNSELING PROVIDES ON-SITE COUNSELING SERVICES TO SANTA CLARA UNIFIED SCHOOL DISTRICT MIDDLE AND HIGH SCHOOL STUDENTS, AND SEVERAL OTHER SCHOOLS. CHILD ABUSE TREATMENT PROGRAM PROVIDES COUNSELING FOR CHILDREN AND YOUTH WHO HAVE EXPERIENCED ABUSE AND NEGLECT. CENTRE FOR LIVING WITH DYING PROVIDES EMOTIONAL SUPPORT TO ADULTS AND CHILDREN FACING LIFE-THREATENING ILLNESS OR THE TRAUMA OF THE LOSS OF A LOVED ONE. HEALING HEART PROGRAM PROVIDES EMOTIONAL SUPPORT TO CHILDREN AND YOUTH WHO HAVE EXPERIENCED THE LOSS OF A LOVED ONE. CRITICAL INCIDENT STRESS MANAGEMENT PROVIDES TRAINING AND SUPPORT FOR FIRST RESPONDERS. PEACOCK COMMONS PERMANENT HOUSING APARTMENT COMPLEX PROVIDES AFFORDABLE RENT AND SUPPORTIVE SERVICES FOR YOUNG ADULTS AND FAMILIES RESIDING AT PEACOCK COMMONS.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 **Employer identification number** Name of the organization BILL WILSON CENTER 94-2221849 EXPENSES \$ 6,357,641. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,243,554. FORM 990, PART VI, SECTION A, LINE 4: THE BOARD OF DIRECTORS APPROVED REVISED BYLAWS IN PREPARATION FOR THE MERGER WITH UPLIFT FAMILY SERVICES. FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990. THE FORM 990 APPROVED BY THE AUDIT COMMITTEE IS THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CENTER MONITORS ALL CONFLICTS OF INTEREST BY REQUIRING AN ANNUAL RECERTIFICATION. IMMEDIATE NOTIFICATION IS REQUIRED IF CIRCUMSTANCES CHANGE DURING THE YEAR. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE FOLLOWING RESEARCH CONDUCTED VIA SURVEY OF SIMILAR ORGANIZATIONS AND ANALYSIS OF PROFESSIOANL PUBLICATIONS. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST CODE ARE AVAILABLE ON REQUEST. THE FINANCIALS STATEMENTS ARE AVAIALABLE ON THE CENTER'S WEBSITE. FORM 990, PART XII, LINE 2C: THE ORGANIZATION MAINTAINS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR

OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANTS.

Schedule O (Form 990 or 990-EZ) (2018)

Schedule	O (Form 9	90 or 9	90-EZ) (2018)										Page 2
	ame of the organization BILL WILSON CENTER											ntification 21849	number
1			BILL WI	LSO	N CE	NTER				94	<u>1-22</u>	21849	
THERE	WERE	NO	CHANGES	TO	THE	SELECTION	PROCESS	DURING	THE	JUNE	<u>30,</u>	2019	
YEAR	END.												
-													
-													

## **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BILL WILSON CE	INTER					94 - 22218	49	
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes'	on Form 990, Part IV, line 33	3.					
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) r Total inco	me End-of-year		s Direct controlling entity		
PEACOCK COMMONS LLC - 94-2221849								
3490 THE ALAMEDA	1							
SANTA CLARA, CA 95050	REAL ESTATE	CALIFORNIA	263	,971. 6,80	0,373.	.BILL WILSON CENT		
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more	related tax-exer	npt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		(g) Section 512(b)(1: controlled entity?	
		i congressanti,		501(c)(3))		•	Yes	No
	-							
	-							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership		
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
	1												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
		l .					l						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
- 1	Performance of services or membership or fundraising solicitations for related organ				11	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	
					10	
р	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
r	Other transfer of cash or property to related organization(s)				1r	
s	Other transfer of cash or property from related organization(s)				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered re	elationships and transaction thresholds.		
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount in	/olved	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(6)		l		Schedule	R (Form	990) 2019
)3∠ Ib	) IU-U2-10	47		Schedule	ir (Form)	<i>33</i> 0) 20 10

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		General manage partner	(k) Percentage ing ownership
								Oakaatala		

832165 10-02-18

## 2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS AND IMPROVEMENTS	VARIOUS	SL	40.00	-	16	13494930.				13494930.4	,010,085.		409,183.	1,419,268.
	* 990 PAGE 10 TOTAL BUILDINGS						13494930.				13494930.4	,010,085.		409,183.	1,419,268.
	FURNITURE & FIXTURES														
3	FURNITURE AND EQUIPMENT	VARIOUS	SL	5.00	-	16	543,058.				543,058.	458,429.		19,591.	478,020.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						543,058.				543,058.	458,429.		19,591.	478,020.
	LAND														
1	LAND	VARIOUS	L			,	3,934,417.				3,934,417.			0.	
	* 990 PAGE 10 TOTAL LAND						3,934,417.				3,934,417.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						17972405.				17972405.4	,468,514.		428,774.	1,897,288.

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print BILL WILSON CENTER 94-2221849 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 3490 THE ALAMEDA return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA CLARA, CA 95050 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► 3490 THE ALAMEDA - SANTA CLARA, CA 95050 Fax No. ▶ 408.246.5752 Telephone No. ► 408.243.0222 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$  JUN  $\phantom{\hspace{0.5cm}}$  30 ,  $\phantom{\hspace{0.5cm}}$  2019 ► X tax year beginning JUL 1, 2018 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment