Form <b>990</b>
Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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.

A For the 2017 calendar year, or tax year beginning JUL 1, $2017$ and ending JUN 30, $2018$								
B	Check if applicab	C Name of organization D Employer identification number						
	Addre chang							
	Name	e Doing business as		94-22	221849			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number				
	Final return	3490 THE ALAMEDA		408.2	243.0222			
	termir ated			<b>G</b> Gross receipts \$	19,308,318.			
	Amen return	SANIA CLARA, CA 95050		H(a) Is this a group re				
	Applic tion pendi	F Name and address of principal officer: SPARKI IIARUAN		for subordinates?	? Yes 🔀 No			
		SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No			
		empt status: $X = 501(c)(3) = 501(c) ($ ) $\blacktriangleleft$ (insert no.)       4947(a)(1) or	527		list. (see instructions)			
		te: WWW.BILLWILSONCENTER.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year of	f formation: 1974 M	I State of legal domicile: CA			
Pa	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities:						
anc		COMMUNITY BY SERVING YOUTH AND FAMILIES THR						
Governance	2	Check this box if the organization discontinued its operations or disposed of		1 1	ets. 15			
200	3		Number of voting members of the governing body (Part VI, line 1a)					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u>    16</u> 276				
ties	5				150			
Activities &	0	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ac	'a	Net unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		893,460.	1,036,986.			
Revenue	9	Program service revenue (Part VIII, line 2g)	1	L6,367,236.	18,077,441.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,411.	38,053.			
Ê	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		71,697.	8,193.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	L7,373,804.	19,160,673.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		L0,658,052.	12,068,327.			
anse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)  360, 921		6 110 000	- 100 000			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,112,933.	7,108,965.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		L6,770,985.	19,177,292.			
	19	Revenue less expenses. Subtract line 18 from line 12		602,819.	-16,619.			
IS OF			1	inning of Current Year	End of Year			
Assets - Balanc	20	Total assets (Part X, line 16)		<u>19,727,203.</u>	19,958,363.			
et A	-	Total liabilities (Part X, line 26)		<u>6,051,558.</u> L3,675,645.	<u>6,287,413.</u> 13,670,950.			
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		13,0/3,043.	13,0/0,950.			
	aren							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	SPARKY HARLAN, CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	JESSICA CASSINELLI			if self-employed	P0197662	21	
Preparer	Firm's name 🕒 ROBERT LEE & ASS	OCIATES, LLP		Firm's EIN 🕨 2	7-115549	96	
Use Only	Firm's address 🖕 999 W TAYLOR STR	EET		_			
SAN JOSE, CA 95126 Phone no. (408) 855-6770						770	
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2017) BILL WILSON CENTER rt III   Statement of Program Service Accomplishments	94-2221849	) Paç
	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 YOUT	H AND FAMILIES	
	THROUGH COUNSELING, HOUSING, EDUCATION AND ADVOCACY.		
2	Did the organization undertake any significant program services during the year which were not listed on		37
	prior Form 990 or 990-EZ?	Y	es X
	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 ser		es X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program servi	ces, as measured by expense	es.
	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	(Code:) (Expenses \$ 3 , 674 , 109 including grants of \$	) (Revenue \$ 3,625	5,871
	MENTAL HEALTH SERVICES		
	MENTAL HEALTH SERVICES ARE PROVIDED TO MEDI-CAL ELIC	GIBLE INDIVIDUA	ALS .
	AND INCLUDE THERAPY AND PSYCHIATRIC SERVICES, INCLUD	ING INTENSIVE	
	OUTPATIENT AND SCHOOL LINKED SERVICES.		
	TRANSITION AGE YOUTH MAY GAIN IMMEDIATE ACCESS TO M	ENTAL HEALTH	
	SERVICES THROUGH A CRISIS LINE.		
	2 542 210	2 010	1 1 1 1
4b		) (Revenue \$ 3,010	),12
	YOUTH AND FAMILY SERVICES		
	DIRECT REFERRAL PROGRAM PROVIDES SERVICES TO FIRST '		
	UNDER THE AGE OF 15 WHO ARE AT RISK OF RE-OFFENDING.		PATI
	IN 7 CHALLENGES AND THEIR PARENTS MAY ATTEND PARENTI	NG CLASSES.	
	SUPPORT AND ENHANCEMENT SERVICES PROVIDES INTENSIVE	CASE MANAGEMEN	1T
	AND COGNITIVE BEHAVIORAL THERAPY SERVICES FOR YOUTH	ON PROBATION.	
	SAFE PLACE PROVIDES YOUTH WITH EASY ACCESS TO SERVIO		
	FAMILY ADVOCACY SERVICES PROVIDES SUPPORT TO FAMILI		
	CHILDREN ATTENDING LINCOLN OR MT. PLEASANT HIGH SCHOOL		
		JIS WHO ARE	
	STRUGGLING DUE TO THEIR FAMILY'S HOMELESSNESS.		
	RAPID REHOUSING AND SUPPORTIVE SERVICES PROVIDES CA		AND
	RENTAL ASSISTANCE TO YOUTH AND YOUNG PARENT FAMILIES		-
4c	(Code:) (Expenses \$4, 346, 343. including grants of \$	) (Revenue \$5,039	9,011
	TRANSITIONAL HOUSING		
	TRANSITIONAL HOUSING PROGRAM PROVIDES HOUSING AND S	UPPORT SERVICES	FOF
	HOMELESS YOUTH AGES 16 - 24, INCLUDING PARENTING YOU		
	INFANTS/TODDLERS.		
	THP+ PROVIDES RENTAL SUBSIDIES AND SUPPORT SERVICES		НУЛ
	AGED OUT OF FOSTER CARE.	10K 100111 WIIO	114 1
			1110
	THP+ FOSTER CARE PROVIDES HOUSING AND SUPPORT SERVIO		ипО
	HAVE ELECTED TO STAY IN FOSTER CARE AFTER TURNING 18	•	
	YOUNG ADULT SHELTER		
	EMERGENCY HOUSING SERVICES		
4d	Other program services (Describe in Schedule O.)	6 133 360	
		6,433,368.)	
4e	Total program service expenses ► 16,899,790.		000
			n <b>990</b> (
32002	2 11-28-17 SEE SCHEDULE O FOR CONTINUATI	ON(S)	
0.4	2 2 2017.05050 BILL WILSO		02

Form 990 (2017) 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	Х	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D. Part III	8		Х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
h	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 VI	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
102	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
12d		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120	- 23	
U		124	x	
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	120		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	144		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		146		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	1		x
	complete Schedule G. Part III	19		Δ

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BILL WILSON CENTER Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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	26		X
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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	-		x
a	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		A X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30		20		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		
51		31		x
32	<i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			<u></u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017)

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Form	990 (2017) BILL WILSON CENTER 94-2221	849	P	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 134				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1			
	(gambling) winnings to prize winners?	1c	Х		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 276				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х		
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b			
	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)?	4a		x	
h	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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
D		6b			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00			
7		7a		x	
a h	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 7b		- 23	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x	
-1	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c			
		7-		x	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	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			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	0-			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	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 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	10			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	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				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	000		

Form <b>990</b>	(2017)
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BILL WILSON CENTER

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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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year1a	15			
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?	-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	t supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		4		X
			4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint more members of the governing body?		7a		х
			1 a		- 11
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	piders, or			77
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	•			
а	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code			
				Yes	No
10-	Did the exercited have lead chapters brenches as efficience?	۱	10a	163	X
	Did the organization have local chapters, branches, or affiliates?		IUa		Δ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	s, affiliates,			
			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
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 cor	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." c	l l l l l l l l l l l l l l l l l l l			
	in Schedule O how this was done		12c	x	
13			13	х	
	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	1	14	x	
14			14		
15	Did the process for determining compensation of the following persons include a review and approval by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	_
	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 v	vith a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p				
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
	exempt status with respect to such arrangements?		16b		
Ser	tion C. Disclosure		100	I	
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sect	ion 501(c)(3)s only) av	ailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Sc				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f interest policy, and f	inanc	al	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books an	d records: 🕨			
	THE ORGANIZATION - 408.243.0222	F			
	3490 THE ALAMEDA, SANTA CLARA, CA 95050				
000-			Earr	ggn	()04
32006	5 11-28-17 <b>6</b>		Form	990	(2
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Form 990 (2017)	BILL WILSON CENTER	94-2221849 Page 7					
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.

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

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

(A) Name and Title	<b>(B)</b> Average	(do	not c	Pos heck	more	than o	one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box offic	, unle	ss per	rson i	s both r/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RON RICCI	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) DEBORAH STANLEY	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) TRACY HANSON	2.00									
TREASURER		х		х				0.	0.	0.
(4) CYNTHIA O'LEARY	1.00									•
DIRECTOR	1 00	Х		X				0.	0.	0.
(5) ERIKA GASAWAY	1.00								•	0
DIRECTOR	1 00	X						0.	0.	0.
(6) MARIE-ELAINE BURNS	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(7) GEORGE DELUCCHI	1.00								0	0
DIRECTOR	2.00	X						0.	0.	0.
(8) KAREN GULDAN	2.00	x						0.	0.	0
DIRECTOR (9) VICTOR GARZA	1.00	~						U •	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(10) HELEN GRAYS-JONES	2.00	^						U •	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(11) ALEX WILSON	1.00							0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(12) MICAEL ESTREMERA	1.00							Ŭ.		
DIRECTOR	1.00	x						0.	0.	0.
(14) MARK WEINER	1.00							<b>Ŭ</b>		
DIRECTOR		x						0.	0.	0.
(15) PEDRO MURILLO	1.00									
DIRECTOR		x						0.	0.	0.
(16) SAMANTHA HERNANDEZ	1.00									
DIRECTOR		х						0.	0.	0.
(17) SPARKY HARLAN	40.00									
CEO/CFO		х		x				260,284.	0.	21,254.
(18) DAVID LANG	40.00							-		
CHIEF FINANCIAL OFFICER		1		х				53,653.	0.	<b>1,342.</b> Form <b>990</b> (2017)

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Form 990 (2017)

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BILL WILSON CENTER

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Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)			
(A)		(B) (C) Average Position				(D)	(E)		(F)			
Name and title	Average	(do not check more than one				than o		Reportable	Reportable		stimated	
	hours per week					is both or/trus		compensation	compensation	a	mount of	ł
	(list any	tor						_ from the	from related organizations	cor	other npensati	on
	hours for	direc				Ð		organization	(W-2/1099-MISC)		from the	
	related	tee or	istee			ensate		(W-2/1099-MISC)	(		ganizatio	
	organizations	l trust	nal tru		oyee	ompe				ar	nd related	d
	below	ndividual trustee or director	Institutional trustee	Officer	em pl	Highest compensated employee	Former			org	ganizatior	ns
	line)	Indi	Inst	Offi	Key	Emple	For			<u> </u>		
(19) DEBORAH PELL	40.00											
CHIEF PROGRAM OFFICER						X		164,171.	0	<u> </u>	.7,03	<u>4.</u>
(20) PILAR FURLONG	40.00											_
CHIEF COMMUNITY RESOURCES OFFICER						X		139,970.	0	$\cdot 1$	.5,44	8.
(21) IVIS PENA	40.00							1 4 9 5 9 9				_
CHIEF ADMINTRATIVE OFFICER						X		142,589.	0	$\cdot \mid 1$	.5,79	5.
(22) LORRAINE FLORES	40.00											
DIRECTOR OF PROGRAM DEVELOPMENT AND						X		144,329.	0	$\cdot 1$	4,86	1.
(23) PAMELAH STEPHENS	40.00											_
DIVISION DIRECTOR-MHS						X		130,488.	0	<u> </u>	4,67	6.
(24) CHERYL ROUSE	40.00											_
DIVISION DIRECTOR-RESIDENTIAL SERVIC						X		111,761.	0	$\cdot 1$	.3,76	5.
(25) JANET DOLEZAL	40.00							111 001				•
DIRECTOR OF FINANCE						X		111,231.	0	• 1	.3,89	0.
										—		
								1 250 476	0	+10		<u> </u>
1b Sub-total								1,258,476.	0		28,06	-
c Total from continuation sheets to Part VI								0.				0.
d Total (add lines 1b and 1c)								1,258,476.	0	• 12	28,06	<u>.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	<u>8</u> No
	- I'							L'			Tes	NO
<b>3</b> Did the organization list any <b>former</b> officer,	-			-	•	•		•				х
line 1a? If "Yes," complete Schedule J for s										3		<u>~</u>
4 For any individual listed on line 1a, is the su	-		-						-		x	
and related organizations greater than \$150										4		
5 Did any person listed on line 1a receive or a	•							ed organization or individ	lual for services	-		х
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fe	or si	ich i	bers	son .				5		<u> </u>
· · · · · · · · · · · · · · · · · · ·	manageted ind	1000	ndor	-+	t.	actor		ast reasined mars than f	100 000 of company			
<ol> <li>Complete this table for your five highest control the organization. Report compensation for the organization.</li> </ol>	•	•							· ·	alioni	OIT	
(A)	ine calendar ye	sai e	nuii	ig w				(B)			(C)	
אט (א) Name and business	address							رها Description of s	ervices		ensation	
MICHELLE GOLDSMITH MD												
1524 NORMAN AVE, SAN JOSE	. CA 95	12	5					MEDICAL SERV	ICES	11	4,87	0.
	, 011 50		-									<u> </u>
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	to to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organize						1						
										Form	1 <b>990</b> (20	017)

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		Check if Schedule O cont			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax undo sections 512 - 514
1	а	Federated campaigns	1a					
		Membership dues						
		Fundraising events		180,598.				
1		Related organizations		, , , , , , , , , , , , , , , , , , , ,				
		Government grants (contributi						
		•						
	T	All other contributions, gifts, grant		856,388.				
		similar amounts not included abov						
		Noncash contributions included in lines	-		1 000 000			
	h	Total. Add lines 1a-1f			1,036,986.			
				Business Code				
2	-	PROGRAM SERVICE FEES		623990	17,620,848.	17,620,848.		
	~	PROGRAM SERVICES REIMBU	IRSED	623990	236,913.	236,913.		
	с	PROGRAM RENTAL INCOME		531110	219,680.	219,680.		
2	d							
1	е							
	f	All other program service reve	nue					
		Total. Add lines 2a-2f			18,077,441.			
3	3	Investment income (including			, ,			
Ŭ		other similar amounts)			25,222.			25,2
4		Income from investment of tax						
5			-	· .				
5		Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		►				_
7	а	Gross amount from sales of	(i) Securitie	es (ii) Other				
		assets other than inventory	119,29	9.				
	b	Less: cost or other basis						
		and sales expenses	106,46	58.				
	с	Gain or (loss)	12,83	31.				
		Net gain or (loss)			12,831.			12,8
		Gross income from fundraising			,			,
Ŭ		including \$ 180						
		contributions reported on line						
		-	-	a 18,500.				
		Part IV, line 18						
		Less: direct expenses			22 677			22.6
		Net income or (loss) from fund	-	s 🕨	-22,677.			-22,6
9	а	Gross income from gaming ac						
		Part IV, line 19		a				
	b	Less: direct expenses		b				
	с	Net income or (loss) from gam	ing activities	<u></u>				
10	а	Gross sales of inventory, less	returns					
		and allowances		a				
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
	-	Miscellaneous Revenue		Business Code				
11	а	MISCELLANEOUS INCOME	-	623990	30,936.	30,936.		
		LOSS ON ASSET DISPOSITI	ON	623990	-66.			-
			1					
	с			-  +				
		All other revenue			20.050			
	е	Total. Add lines 11a-11d			30,870.			
12		Total revenue. See instructions.			19,160,673.	18,108,377.	0	. 15,3

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## 2017.05050 BILL WILSON CENTER

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Form 990 (2017) BILL WI
Part VIII Statement of Revenue

BILL WILSON CENTER

Form 990 (2017)	
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Form 990 (2017) BILL WILSON CENTER
Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor		this Part IX	· · · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</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	263,459.		263,459.	
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	9,200,835.	7,865,238.	1,091,079.	244,518.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,799,622.	1,621,364.	151,694.	26,564.
10	Payroll taxes	804,411.	697,166.	80,274.	26,971.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	717,477.	640,431.	63,710.	13,336.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	1 000 000	1 000 000	1 0 5 0	
16	Occupancy	1,898,636.	1,893,703.	4,860.	73.
17	Travel	184,063.	166,508.	17,077.	478.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 0 0 1 0	10 550	C 100	1 1 1 1 1
19	Conferences, conventions, and meetings	17,913.	10,550.	6,187.	1,176.
20	Interest	97,083.	96,054.	1,029.	
21	Payments to affiliates	121 000	207 726	20 220	0.004
22	Depreciation, depletion, and amortization	<u>434,990.</u> 185,694.	397,736. 148,120.	<u>28,230.</u> 36,123.	9,024. 1,451.
23		105,094.	140,120.	30,123.	1,451.
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 0.)				
а	SPECIFIC ASSISTANCE	852,893.	849,301.	3,592.	0.
b	FOOD AND BEVERAGES	424,461.	419,376.	5,021.	64.
с	PAYMENTS TO SUB-RECIPIE	411,906.	411,906.		
d	FOSTER FAMILY FEES	350,681.	350,681.		
е	All other expenses	1,533,168.	1,331,656.	164,246.	37,266.
25	Total functional expenses. Add lines 1 through 24e	19,177,292.	16,899,790.	1,916,581.	360,921.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

if following SOP 98-2 (ASC 958-720)

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## BILL WILSON CENTER Part X Balance Sheet

Form 990 (2017)

		Chook if Schodula O contains a management	a to are	line in this Dart V			
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			10,276.	1	12,132.
	2	Savings and temporary cash investments			2,507,687.	2	1,487,870.
	3	Pledges and grants receivable, net			2,156,830.	3	3,727,971.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	ployees. Complete			
		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 secti					
s		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				231,053.	9	239,511.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,779,364.			
	b	Less: accumulated depreciation	10b	4,468,514.	13,690,001.	10c	
	11	Investments - publicly traded securities	1,131,356.	11	1,180,029.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	19,727,203.	16	19,958,363.
	17	Accounts payable and accrued expenses	2,121,326.	17	2,166,684.		
	18	Grants payable		18			
	19	Deferred revenue			1,728.	19	412.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
iliti		key employees, highest compensated employee	s, and o	disqualified persons.			
Liabilities						22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay	•				
		parties, and other liabilities not included on lines	-		2 0 2 0 5 0 4		1 1 2 0 2 1 7
		Schedule D		E Contraction of the second seco	3,928,504. 6,051,558.	25	<u>4,120,317.</u> 6,287,413.
	26	Total liabilities. Add lines 17 through 25			0,051,550.	26	0,207,413.
		Organizations that follow SFAS 117 (ASC 958)		k nere 🕨 🔼 and			
ses	07	complete lines 27 through 29, and lines 33 and			4,716,747.	27	5,038,364.
lano	27	Unrestricted net assets			8,958,898.	27	8,632,586.
Ba	28 29	Temporarily restricted net assets			0,550,050.	_ <u></u> 20 29	0,052,5001
pu	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (AS		) chock horo		29	
гF		and complete lines 30 through 34.	50 900				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
set	30 31	Paid-in or capital surplus, or land, building, or eq				30 31	
t As	32	Retained earnings, endowment, accumulated inc				32	
Net	33	Total net assets or fund balances		E E E E E E E E E E E E E E E E E E E	13,675,645.	33	13,670,950.
	34	Total liabilities and net assets/fund balances			19,727,203.	34	19,958,363.
					,,,,,		Form <b>990</b> (2017)

Form **990** (2017)

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	990 (2017) BILL WILSON CENTER	94-	- <u>2221</u> 8	<u>849</u>	Pag	<sub>ge</sub> 12
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>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,160</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	<u>,177</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>19.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	,675		
5	Net unrealized gains (losses) on investments	5		11	L,91	24.
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	13	<u>,670</u>	),9	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			r		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	0.				
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				v	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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				x	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	~	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•		0-	x	
L	Act and OMB Circular A-133?			3a	~	
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			Зb	x	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			Form		(0017)

Form **990** (2017)

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Department of the Treasury

(Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047
2017
Open to Public

Intern	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Nan	ne of t	the organizati								identification numbe
De	<b>1</b>	Decem		WILSON CE						4-2221849
	rt I				All organizations must co			e instruction	S.	
	organ		•		For lines 1 through 12, c					
1					on of churches described			1)(A)(i).		
2					(Attach Schedule E (Forn					
3					anization described in so				V) Eastern	
4				ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	(III). Enter	the hospital's name,
_		city, and stat	-	with a hanafit of a co				verenentel	nit describe	
5					llege or university owned	or operat	ed by a go	overnmental u	Init describe	ea in
~				Complete Part II.)			70/1-1/41/41	(.)		
6	X		-	-	nental unit described in				ha ganaral i	aublic described in
'	<u>_</u>	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.)								
•					(1)(A)(vi) (Complete Der	+ 11 \				
8 9	$\square$	-			(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(		od in ooniu	upotion with a	land grant	collogo
9		-	-		ulture (see instructions).		-		-	-
		university:	or a non-land-g	grant college of agric			name, city	, and state of	the college	
10			on that normal	Ily receives: (1) more	e than 33 1/3% of its sup	port from a	ontributio	ns members	hin fees an	d gross receipts from
10					ct to certain exceptions,					
					(less section 511 tax) fro					
				mplete Part III.)			loop acqui		gamzation	
11					ively to test for public sa	fetv. See	section 50	)9(a)(4).		
12	$\square$	-	-	-	ively for the benefit of, to	•			arrv out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o	-			•	
				-	of supporting organization					
а		7	-	• •	supervised, or controlled				-	giving
				-	gularly appoint or elect a	• • • •	-		•••••	
			-	complete Part IV, Se						
b		¬ -		-	d or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or r	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supporte	ed organizatior	n(s) (see instructions	). You must complete l	Part IV, Se	ctions A,	D, and E.		
d		] Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	functionally inte	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	/eness
		requiremen	it (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	۷.		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	<sup>r</sup> Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
<u> </u>				about the supporte		(iv) Is the orga	nization listed	() A maximum a	f manuatory (	() A measured of others
	(	i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions
		9			above (see instructions))	Yes	No			
_										
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

### Schedule A (Form 990 or 990 EZ) 2017 BILL WILSON CENTER

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1067417.	861,703.	972,163.	893,460.	1036986.	4831729.
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	1067417.	861,703.	972,163.	893,460.	1036986.	4831729.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						702,035.
6	Public support. Subtract line 5 from line 4.						4129694.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	1067417.	861,703.	972,163.	893,460.	1036986.	4831729.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	217,620.	235,525.	219,406.	218,149.	244,902.	1135602.
9	Net income from unrelated business						
	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.)	8,536.	16,826.	22,940.	99,173.	30,934.	178,409.
11	Total support. Add lines 7 through 10						6145740.
	Gross receipts from related activities,	•	,				<u>,665,667.</u>
	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and stor ction C. Computation of Publi	o here c Support Per	centage				····· <b>&gt;</b>
	Public support percentage for 2017 (I					14	67.20 %
	Public support percentage from 2016		•			15	72.39 %
	<b>33 1/3% support test - 2017.</b> If the c						
102	stop here. The organization qualifies						
r	<b>33 1/3% support test - 2016.</b> If the c		-				······································
	and stop here. The organization qual						
17:	10% -facts-and-circumstances test					und line 14 is 10% (	
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
F	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is '	
L.	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						´ <b>⊾</b> □
18	Private foundation. If the organization			-			
				<u>, 100, 170, 01 170</u>		dule A (Form 990	
							· · · · · · · · · · · · · · · · · · ·

## Schedule A (Form 990 or 990-EZ) 2017 BILL WILSON CENTER

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

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(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.)

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	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 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						
	or expended on its behalf				-		
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		()	(-,			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	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						
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 fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage			· · · ·	
15	Public support percentage for 2017 (	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			, ,	
17	Investment income percentage for 20	<b>)17</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and li	
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	►
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
73202	3 10-06-17		1 5	5	Sch	edule A (Forn	n 990 or 990-EZ) 2017

<sup>2017.05050</sup> BILL WILSON CENTER

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## 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 (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.)

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Schedule A (Form 990 or 990-EZ) 2017

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			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		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
	tion B. Type I Supporting Organizations			
			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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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? <i>Provide details in</i> <b>Part VI.</b>	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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F	Part V	Type III Non-Funct	ionally Integrated {	509(a)(3) S	Supporting (	Organizati	ons
	1	Check here if the organiza	tion satisfied the Integra	al Part Test a	is a qualifying tr	rust on Nov. 2	0, 19

Schedule A (Form 990 or 990 EZ) 2017 BILL WILSON CENTER

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on 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		
	on 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 <b>Part VI</b> ):			
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		
Secti	on 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	vintogrator		nization (and

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 BILL WILSON CENTER

	t V   Type III Non-Functionally Integrated 509(			4-2221049 Page /
Sect	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	- F - F		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	<b>č</b>		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ł.	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Section D, lines 5, 6, and 8; and Part	$V_1$ , $V_2$ , $V_3$ , $V_3$ , $V_4$ , $V_5$ ,	11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, mplete this part for any additional information.
(See instructions.)		

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

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Name of the	organization
-------------	--------------

Organization type (check one):

BILL WILSON CENTER

Filers of:	Section:
Form 990 or 990-EZ	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 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any 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, II, and III.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box
is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,
purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively
religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### Name of organization

Employer identification number

Page **2** 

BILL WILSON CENTER

94-2221849

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$38,141.	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
2		\$50,000.	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
3		\$50,000.	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
4		\$76,017.	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		\$75,850.	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
6		\$180,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-	17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Name of organization

Employer identification number

94-2221849

#### BILL WILSON CENTER Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 57,358. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

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24 2017.05050 BILL WILSON CENTER Name of organization

Employer identification number

94-2221849

BILL WILSON CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional 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

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2017.05050 BILL WILSON CENTER

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Name of or	ganization				Employer identification number			
<b>DTTT</b> 1	WILCON CENTER				04 2221040			
Part III	WILSON CENTER <sub>Exclusively</sub> religious, charitable, etc., co	ntributions to organizations des	scribed in sectio	n 501(c)(7), (8), or (	94-2221849 10) that total more than \$1,000 for			
	the year from any one contributor. Complet completing Part III, enter the total of exclusively religio	e columns (a) through (e) and "	the followina line	entry, For organization	s			
	Use duplicate copies of Part III if additio	onal space is needed.	5 1,000 or less for the	e year. (Enter this into, once				
(a) No. from	(b) Purpose of gift		4		ription of how gift is hold			
Part I	(b) Purpose of gift	(c) Use of gi	n	(d) Desc	ription of how gift is held			
		(e) Transfe	r of gift					
			Ū					
	Transferee's name, address,	and ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held			
-		(a) <b>T</b> uanafa						
		(e) Transfe	er of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No		<u> </u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held			
Faili								
		(e) Transfe	r of gift					
	Transferee's name, address,	and <b>Z</b> ID + 4	Р	olationabin of tra	noferer to transferee			
-			<u> </u>		nsferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held			
Part I								
		(e) Transfe	r of gift					
ŀ	Transferee's name, address,	and ZIP + 4	R	elationship of tra	nsferor to transferee			
723454 11-01	I-17			Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2017)			

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2017.05050 BILL WILSON CENTER 020901.1

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SCHEDULE D	Supplemental Fina
(Form 990)	Complete if the organization a
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b,
Department of the Treasury	Attach to
Internal Revenue Service	Go to www.irs.gov/Form990 for inst
Name of the organization	

# ancial Statements

answered "Yes" on Form 990, , 11c, 11d, 11e, 11f, 12a, or 12b. Form 990. tructions and the latest information.



Name	of the organization BILL WILSON CENTER	)		Employer identification number $94 - 2221849$
Par			or Ac	
1 41				
	organization answered "Yes" on Form 990, Part IV, li	(a) Donor advised funds	(۲	) Funds and other accounts
4	Total number at and of year			
1 2	Total number at end of year Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
3 4	Aggregate value of grants norm (during year)			
<del>-</del> 5	Did the organization inform all donors and donor advisors in		od funde	
5	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor			
0	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?			·
Par		rganization answered "Yes" on Form 990	Part IV I	ine 7
	Purpose(s) of conservation easements held by the organizat		i arciv, i	
•	Preservation of land for public use (e.g., recreation or		orically i	mportant land area
	Protection of natural habitat	Preservation of a cert	-	-
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a con	servation easement on the last
-	day of the tax year.		[	Held at the End of the Tax Year
а			t t	2a
b			Г	2b
c	Number of conservation easements on a certified historic st		F	2c
	Number of conservation easements included in (c) acquired			
-	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			
	year		9	
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion ease	ements during the year
	\$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(	h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the orga	nization's accounting for
	conservation easements.		_	
Par	III Organizations Maintaining Collections of	of Art, Historical Treasures, or Ot	her Si	milar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A			
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of put	blic serv	ice, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				► \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financia	l gain, p	rovide
	the following amounts required to be reported under SFAS			
а	Revenue included on Form 990, Part VIII, line 1			► \$
				▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Schedule D (Form 990) 2017

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Sche		LSON CENTER				221849	
Par	t III Organizations Maintaining C	collections of Art, His	storical Treasures, o	r Other Si	imilar Asse	ts <sub>(continue</sub>	ed)
3	Using the organization's acquisition, accessi	on, and other records, che	eck any of the following that	t are a signif	icant use of its	collection ite	ems
	(check all that apply):						
а	Public exhibition	d	Loan or exchange progr	ams			
b	Scholarly research	e 🗌	Other				
c	Preservation for future generations	•					
4	Provide a description of the organization's co	ollections and explain how	they further the organization	on's evennt		rt XIII	
5	During the year, did the organization solicit c	-	• •	-			
5	8, , 8	,	,		-		
Dai	to be sold to raise funds rather than to be ma <b>TIV</b> Escrow and Custodial Arran					Yes	No No
ια	reported an amount on Form 990, Pa		ine organization answered	"Yes" on For	m 990, Part N	, line 9, or	
-	· · · ·			4 4 1-			
па	Is the organization an agent, trustee, custod						
	on Form 990, Part X?				L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	g table:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line 21, fo	or escrow or custodial acco	ount liability?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.						
Par	<b>T V Endowment Funds.</b> Complete	if the organization answere	ed "Yes" on Form 990, Parl	IV, line 10.			
		(a) Current year (b	) Prior year (c) Two yea	rs back (d)	Three years bac	k (e) Four y	ears back
1a	Beginning of year balance						
b	Contributions						
с	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
· ·							
f							
	Administrative expenses						
g	End of year balance	L					
2	Provide the estimated percentage of the curr	•	rg, column (a)) neid as.				
a	Board designated or quasi-endowment						
b	Permanent endowment	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse	ession of the organization t	hat are held and administe	red for the o	rganization		
	by:						es No
	(i) unrelated organizations					<b>3a(i)</b>	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required on	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the		it funds.				
Par	t VI Land, Buildings, and Equipm	ient.					
	Complete if the organization answere	d "Yes" on Form 990, Part	IV, line 11a. See Form 990	), Part X, line	10.		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu	mulated	(d) Book v	/alue
_	· ·	basis (investment)	basis (other)	depred	ciation		
1a	Land		3,934,417.			3,934	
	Buildings		13,301,889.	4,01	0,085.	9,291	
	Leasehold improvements				·		-
	Equipment						
	Other		543,058.	4.5	8,429.	84	,629.
	. Add lines 1a through 1e. (Column (d) must e					13,310	
1010		<u>: yuai ruiiii 990, Part A, Col</u>				le D (Form 9	
					Schedu		50,2017

Complete if the organization answered "Yes" o	n Form 990 Part IV lir	a 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	
(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.			
		a 11a Cas Farm 000 Bart V line 10	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
	(b) DOOK value	(c) Method of Valuation. Cost	of end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(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" o		ne 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		🕨
Complete if the organization answered "Yes" o <b>1.</b> (a) Description of liability	in Form 990, Part IV, lir	(b) Book value	iie ∠5.
		(b) BOOK value	
(1) Federal income taxes		140 251	
(2) DEPOSITS		148,351.	
(3) NOTE PAYABLE CURRENT		391,603.	
(4) NOTE PAYABLE NON-CURRENT		3,580,363.	
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7)		4,120,317.	

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 X

Schedule D (Form 990) 2017

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Sche	dule D (Form 990) 2017 BILL WILSON CENTER			94-	2221849	Page 4		
	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	19,578	,563.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	11,924.					
b	Donated services and use of facilities	2b	405,966.					
с	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e		,890.		
3	Subtract line 2e from line 1			3	19,160	<u>,673.</u>		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b			4c		0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	19,160	<u>,673.</u>		
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Witl	n Expenses per F	Retur	n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements			1	19,583	,258.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a	405,966.					
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e		,966.		
3	Subtract line 2e from line 1			3	19,177	<u>,292.</u>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b			4c		0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	19,177	,292.		
Pa	t 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,
2018, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS.

732054 10-09-17

Part Ail Supplemental Information (continued)	
	Schedule D (Form 990) 2017

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraici	na or Gamina A	ctivitios		OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on						2017
Department of the Treasury Internal Revenue Service	c	Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Name of the organization	l	► Go to www.irs.gov/Form990	tor the	e lates	st instructions.		er ide	ntification number
Dout L Fundraia		LSON CENTER				94-2		
Part I Fundrais required to	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 9	90-EZ	filers are not
<ul> <li>a Mail solicitation</li> <li>b Internet and</li> <li>c Phone solicitation</li> <li>d In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees lister</li> </ul>	ions email solicitations ations icitations n have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Yes</b> to be	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraise listed in col.	d by) r	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o	ontrib	▶ utions	or has been notified	it is exempt fro	om reę	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 8	Schedule G (F	orm 9	90 or 990-EZ) 2017

732081 09-13-17

 Schedule G (Form 990 or 990-EZ) 2017
 BILL WILSON CENTER
 94-2221849
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 BUILDING DREAMS FUNDR	(b) Event #2 OTHER EUNDRATSTNC	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1					
1	Gross receipts	191,075.	8,023.		199,098
2	Less: Contributions	172,575.	8,023.		180,598
3	Gross income (line 1 minus line 2)	18,500.			18,500
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	10,991.			10,991
6	Food and beverages	15,405.			15,405
8	Entertainment	10,607.			10,607
9	Other direct expenses	4,174.			4,174
10				►	41,177
11				<b>&gt;</b>	-22,677
ar L	<b>Gaming.</b> Complete if the organization	answered "Yes" on Form	1990, Part IV, line 19, or re	eported more than	
Γ	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (ad
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
			billigo progressive billige		
4	Gross revenue				
⊢					
2	Cash prizes				
3	Noncash prizes				
3	Noncash prizes				
3 4 5					
5	Rent/facility costs		□ Yes% □ No	Yes% No	
5	<ul> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> </ul>	└────────────────────────────────────		No	)   
5 6 7	<ul> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> </ul>	Yes% No No Sh 5 in column (d)	No	No►	)       
5	<ul> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> </ul>	Yes% No No Sh 5 in column (d)	No	No►	
5 6 7 8	<ul> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> </ul>	Yes%           No           15 in column (d)           7 from line 1, column (d)	No	No►	
5 6 7 8 Er	<ul> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> <li>Net gaming income summary. Subtract line</li> </ul>	Yes % No Sh 5 in column (d) from line 1, column (d) ucts gaming activities:	No	No ►	
5 6 7 8 Er	<ul> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> <li>Net gaming income summary. Subtract line</li> <li>Inter the state(s) in which the organization cond</li> </ul>	h 5 in column (d) from line 1, column (d) ucts gaming activities: _activities in each of these	No	No ►	
5 6 7 8 Er a Is	<ul> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> <li>Net gaming income summary. Subtract line</li> <li>Inter the state(s) in which the organization cond</li> <li>the organization licensed to conduct gaming a</li> </ul>	h 5 in column (d) from line 1, column (d) ucts gaming activities: _activities in each of these	No	No ►	
5 6 7 8 Er a Is b If	Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug     Net gaming income summary. Subtract line     nter the state(s) in which the organization cond     the organization licensed to conduct gaming a     "No," explain:	yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these s	states?	No ►	
5 6 7 8 Er a Is 5 If 	<ul> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lines 2 throug</li> <li>Net gaming income summary. Subtract line</li> <li>nter the state(s) in which the organization cond</li> <li>the organization licensed to conduct gaming a</li> <li>"No," explain:</li></ul>	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: activities in each of these s	states?	No ►	
4 5 6 7 8 8 5 15 9 16	Rent/facility costs     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throug     Net gaming income summary. Subtract line     nter the state(s) in which the organization cond     the organization licensed to conduct gaming a     "No," explain:	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: activities in each of these s	states?	No ►	

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 BILL WILSON CENTER	94-22	221849	Page <b>3</b>
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 entity formed to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility		13a	%
k	an outside facility	L	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt		
	of gaming revenue retained by the third party <b>&gt;</b> \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation    \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
_	organization's own exempt activities during the tax year 🕨 💲			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and (v); and (v); and (v); and (v); and (v); and	art III, line	s 9, 9b, 10	b, 15b,
		о ( <b>Г</b>	000 000	
/320	83 09-13-17 Schedule 34	G (Form S	ອອບ or 990	-62) 2017

	(containa ca)		
			Schedule G (Form 990 or 990-EZ

732084 04-01-17

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sc	HEDULE J	Compe	ensation Information	1	OMB No.	1545-004	47	
(Fo	rm 990)		rectors, Trustees, Key Employees, and Highest		20	17	/	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				20	11		
	rtment of the Treasury		Open to Public Inspection					
	al Revenue Service ne of the organization		m990 for instructions and the latest information.	Employer i				
INdii	le of the organization	BILL WILSON CENT	רדס		22184		IIDEI	
Pa	rt I Question	Regarding Compensation		94-2	122104	9		
						Yes	No	
1a	Check the appropri	ate box(es) if the organization provided	any of the following to or for a person listed on Form	990.		100		
			y relevant information regarding these items.	,				
	First-class or c		Housing allowance or residence for perso	nal use				
	Travel for com	panions	Payments for business use of personal re					
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee	s				
	Discretionary s	pending account	Personal services (such as, maid, chauffe	ur, chef)				
b	•		ation follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses describe	d above? If "No," complete Part III to explain		1b			
2	Did the organization	require substantiation prior to reimbu	rsing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Directo	or, regarding the items checked on line 1a?		2			
3			n used to establish the compensation of the organiza					
			k any boxes for methods used by a related organization	on to				
	-	tion of the CEO/Executive Director, bu	-					
	Compensatior		Written employment contract					
		ompensation consultant	X Compensation survey or study					
	X Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee				
4	During the year did	any person listed on Form 990. Part V	II, Section A, line 1a, with respect to the filing					
-	organization or a re		in, Section A, line Ta, with respect to the lining					
а	•	e payment or change-of-control payme	nt?		4a		x	
b			nqualified retirement plan?				X	
			ompensation arrangement?				X	
-			e applicable amounts for each item in Part III.					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organiza	ations must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a	n, did the organization pay or accrue any compensatio	n				
	contingent on the r							
а	The organization?				5a		X	
b	Any related organiz	ation?			5b		X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a	, did the organization pay or accrue any compensatio	'n				
	contingent on the n	6						
а	The organization?				<u>6a</u>		X	
	Any related organiz						X	
		r 6b, describe in Part III.						
7			ι, did the organization provide any nonfixed payments					
			I		7		X	
8			accrued pursuant to a contract that was subject to the	ie				
		-			8		X	
9			ttable presumption procedure described in					
	Regulations section					L		
LHA	For Paperwork R	eduction Act Notice, see the Instruct	ons for Form 990.	Sched	lule J (Forn	n 990)	) 2017	

732111 10-17-17

### 94-2221849

#### 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) SPARKY HARLAN	(i)	260,284.	0.	0.	13,184.	8,070.	281,538.	0.
CEO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH PELL	(i)	164,171.	0.	0.	8,964.	8,070.	181,205.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PILAR FURLONG	(i)	139,970.	0.	0.	7,378.	8,070.	155,418.	0.
CHIEF COMMUNITY RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) IVIS PENA	(i)	142,589.	0.	0.	7,725.	8,070.	158,384.	0.
CHIEF ADMINTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LORRAINE FLORES	(i)	144,329.	0.	0.	6,791.	8,070.	159,190.	0.
DIRECTOR OF PROGRAM DEVELOPMENT AND	(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)							

Schedule J (Form 990) 2017

## Part III Supplemental Information

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 J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Employer identification number

OMB No. 1545-0047

BILL WILSON CENTER

94-2221849

## FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND ADVOCACY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INDEPENDENT LIVING PROGRAM

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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, AND

SUPERVISED VISITS.

EXPENSES \$ 866,117. INCLUDING GRANTS OF \$ 0. REVENUE \$ 874,600.

DROP-IN-CENTER

DROP-IN-CENTER FOR HOMELESS YOUTH PROVIDES BASIC NECESSITIES AS WELL

AS CASE MANAGEMENT, JOB READINESS, HOUSING ASSISTANCE, AND HIV

PREVENTION SERVICES WITH THE GOAL OF HELPING YOUTH EXIT THE STREETS.

EXPENSES \$ 1,205,049. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,163,114.

PEACOCK COMMONS

### PERMANENT HOUSING APARTMENT COMPLEX PROVIDES AFFORDABLE RENT AND

SUPPORTIVE SERVICES FOR YOUTH AND FAMILIES RESIDING AT PEACOCK COMMONS.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization BILL WILSON CENTER	Employer identification number 94-2221849
EXPENSES \$ 686,828. INCLUDING GRANTS OF \$ 0. REVENUE \$	493,627.
RESIDENTIAL CENTER	
SHORT-TERM HOUSING FOR HOMELESS AND RUNAWAY YOUTH AT BWC'	S RESIDENTIAL
CENTER AND HOST HOMES. INTENSIVE INDIVIDUAL, GROUP AND FA	MILY
COUNSELING IN ORDER TO REUNITE YOUTH WITH THEIR FAMILIES.	
QUETZAL HOUSE PROVIDES SHORT-TERM HOUSING FOR GIRLS, AGES	13 - 17, WHO
ARE CHRONIC RUNAWAYS FROM THE FOSTER CARE SYSTEM OR FROM T	HEIR
FAMILIES.	
TRANSITIONAL HOUSING PLACEMENT PROGRAM PROVIDES SEMI-INDE	PENDENT
LIVING FOR YOUTH AGES 16-19, INCLUDING PARENTING YOUTH, WH	O ARE IN THE
FOSTER CARE SYSTEM. THE YOUTH LEARN THE SKILLS THEY NEED	TO BECOME
SELF-SUFFICIENT.	
EXPENSES \$ 2,492,683. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 3,384,832.
COUNSELING SERVICES	
CONTACT CARES VOLUNTEERS PROVIDE SUPPORTIVE LISTENING, AND	D INFORMATION
AND REFERRAL ON 24-HOUR CRISIS LINES.	
COUNSELORS PROVIDE LOW-COST, PROFESSIONAL COUNSELING SERV	ICES TO
FAMILIES AND INDIVIDUALS OF ALL AGES.	
SCHOOL OUTREACH COUNSELING PROVIDES ON-SITE COUNSELING SE	RVICES TO
SANTA CLARA UNIFIED SCHOOL DISTRICT MIDDLE AND HIGH SCHOOL	STUDENTS,

AND SEVERAL OTHER SCHOOLS.

THERAPEUTIC 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

40

LOVED ONE.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

2017.05050 BILL WILSON CENTER

Name of the organization BILL WILSON CENTER	Employer identification number 94-2221849
HEALING HEART PROGRAM PROVIDES EMOTIONAL SUPPORT TO CHIL	DREN AND YOUTH
WHO HAVE EXPERIENCED THE LOSS OF A LOVED ONE.	
CRITICAL INCIDENT STRESS MANAGEMENT PROVIDES TRAINING AN	D SUPPORT FOR
FIRST RESPONDERS	
EXPENSES \$ 1,085,442. INCLUDING GRANTS OF \$ 0. REVENU	E \$ 517,195.

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 AVAIAABLE ON THE CENTER'S WEBSITE.

41

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.

732212 09-07-17

Name of the organization	BILL WI	LSON CE	NTER				Employ 9 /	/er ider . – 2.2 '	ntification num 21849
				DDOGEGG					
THERE WERE NO	CHANGES	TO THE	SELECTION	PROCESS	DURING	THE	JUNE	30,	2018
YEAR END.									

SCHEDULE	R
(Form 990)	

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

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number 94 - 2221849

Department of the Treasury Internal Revenue Service Name of the organization

BILL WILSON CENTER

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
PEACOCK COMMONS LLC - 94-2221849					
3490 THE ALAMEDA					
SANTA CLARA, CA 95050	REAL ESTATE	CALIFORNIA	207,624.	6,915,981.	BILL WILSON CENTER

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	(b)(c)(d)(e)Primary activityLegal domicile (state or foreign country)Exempt Code sectionPublic charity status (if section						<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))	3))		No

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

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.

									1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	ging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	1											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									$\square$

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	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 organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	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 who must complete this line, including covered relationships and transaction thresholds.			

Name of I	(a) related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(</u> 4)				
<u>(5)</u>				
(6)				

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.

(0)	<u> </u>	<b>F</b>	(d)	6	1	(4)	(a)	(h)		(1)	(i)	(k)
(a)	(b)	(c)	(d)	Are Are partners 501(c orgs	all	(f) Chang af	(g)		IJ anar	(i)	(j)	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. :)(3)	Share of total	Share of end-of-year	tio	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No	·
				$ \downarrow \downarrow$								ļ
				$\left  \right $								<b> </b>

Schedule R (Form 990) 2017

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

## PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

PEACOCK COMMONS LLC

EIN: 94-2221849

3490 THE ALAMEDA

SANTA CLARA, CA 95050

Schedule R (Form 990) 2017

47 2017.05050 BILL WILSON CENTER

732165 09-11-17

### 2017 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 * 990 PAGE 10 TOTAL BUILDINGS	VARIOUS	SL	40.00		16	13301889. 13301889.				13301889.3 13301889.3				¥,010,085. ¥,010,085.
	FURNITURE & FIXTURES														
3	FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL FURNITURE & FIXTURES	VARIOUS	SL	5.00		16	543,058. 543,058.				543,058. 543,058.			24,872. 24,872.	
	LAND														
1	LAND	VARIOUS	L			:	8,934,417.				3,934,417.			0.	
	* 990 PAGE 10 TOTAL LAND * GRAND TOTAL 990 PAGE 10						8,934,417.				3,934,417.	0.		٥.	0.
	DEPR						17779364.				17779364.4	4,033,524.		434,990.	4,468,514.

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone