

Return of Organization Exempt from Income Tax

2002

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type See specific instructions

COMMUNITY VIOLENCE SOLUTIONS
2101 VAN NESS STREET
SAN PABLO, CA 94806

D Employer Identification Number
94-2411924

E Telephone number
510-237-0113

F Accounting method Cash Accrual
 Other (specify) _____

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

- H and I are not applicable to section 527 organizations
- H (a)** Is this a group return for affiliates? Yes No
- H (b)** If Yes enter number of affiliates _____
- H (c)** Are all affiliates included? Yes No
(If No attach a list See instructions)
- H (d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site WWW CVSOLUTIONS ORG

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Enter 4 digit GEN _____

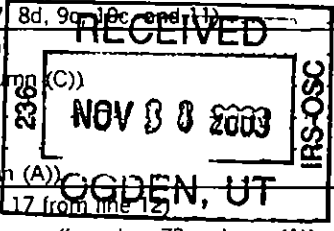
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 2,337,004

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received				
a Direct public support	1a	418,082		
b Indirect public support	1b			
c Government contributions (grants)	1c	1,585,988		
d Total (add lines 1a through 1c) (cash \$ 2,004,070 noncash \$ _____)	1d			2,004,070
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			284,754
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4			4,685
5 Dividends and interest from securities	5			
6a Gross rents	6a	5,250		
b Less rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			5,250
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b Less cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	38,145		
b Less direct expenses other than fundraising expenses	9b	16,440		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		STATEMENT 1	21,705
10a Gross sales of inventory, less returns and allowances	10a			
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			100
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			2,320,564
13 Program services (from line 44, column (B))	13			1,878,163
14 Management and general (from line 44, column (C))	14			456,943
15 Fundraising (from line 44, column (D))	15			55,069
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17			2,390,175
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-69,611
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			828,410
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			758,799

SCANNED DEC 15 03



EXPLANATIONS

613
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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 89,069	26,721	62,348	
26 Other salaries and wages	26 1,404,011	1,080,829	287,843	35,339
27 Pension plan contributions	27 27,475	21,513	5,303	659
28 Other employee benefits	28 88,728	69,474	17,125	2,129
29 Payroll taxes	29 121,534	95,161	23,456	2,917
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 32,559	32,559		
34 Telephone	34 65,234	65,234		
35 Postage and shipping	35 8,492	6,123	370	1,999
36 Occupancy	36 191,741	191,741		
37 Equipment rental and maintenance	37 8,290	8,290		
38 Printing and publications	38 19,418	14,484	2,510	2,424
39 Travel	39 27,506	27,506		
40 Conferences, conventions, and meetings	40 9,637	9,637		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 15,694	15,694		
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 2	43a 280,787	213,197	57,988	9,602
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 2,390,175	1,878,163	456,943	55,069

Joint Costs. Check if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 151,111, (ii) the amount allocated to program services \$ 30,844, (iii) the amount allocated to management and general \$ 73,289, and (iv) the amount allocated to fundraising \$ 46,978

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>INTERVENTION COUNSELING/PREVENTION</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 3 ----- ----- ----- (Grants and allocations \$ _____)	1,878,163
b ----- ----- ----- (Grants and allocations \$ _____)	
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,878,163

Part IV Balance Sheets (See Instructions)

Note		(A) Beginning of year		(B) End of year			
ASSETS	45	Cash – non interest bearing		647,425	45	654,595	
	46	Savings and temporary cash investments			46		
	47a	47a	50,465				
		b	Less allowance for doubtful accounts	21,314	47c	50,465	
	48a	48a					
		b	Less allowance for doubtful accounts		48c		
	49	Grants receivable		246,627	49	152,839	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	51a	Other notes & loans receivable (attach sch)				
		b	Less allowance for doubtful accounts		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		15,359	53	5,526.	
	54	Investments – securities (attach schedule)			54		
	55a	55a	Investments – land, buildings, & equipment basis <input type="checkbox"/> Cost <input type="checkbox"/> FMV				
		b	Less accumulated depreciation (attach schedule)		55c		
56	Investments – other (attach schedule)			56			
57a	57a	Land, buildings, and equipment basis	185,979				
	b	Less accumulated depreciation (attach schedule)	25,817	57c	20,249		
58	Other assets (describe ▶ STATEMENT 4 SEE STATEMENT 5)		13,741	58	14,095		
59	Total assets (add lines 45 through 58) (must equal line 74)		970,283	59	897,769.		
LIABILITIES	60	Accounts payable and accrued expenses		141,873	60	138,970.	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax exempt bond liabilities (attach schedule)			64a		
		b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ▶)			65		
	66	Total liabilities (add lines 60 through 65)		141,873	66	138,970	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		467,139	67	467,998	
	68	Temporarily restricted		361,271.	68	290,801	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		828,410	73	758,799	
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		970,283	74	897,769	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return			
a Total revenue, gains, and other support per audited financial statements	▶ a	2,453,966	a Total expenses and losses per audited financial statements	▶ a	2,523,577
b Amounts included on line a but not on line 12, Form 990			b Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		133,402
(2) Donated services and use of facilities \$		133,402	(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)			(4) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) through (4)	▶ b	133,402	Add amounts on lines (1) through (4)	▶ b	133,402
c Line a minus line b	▶ c	2,320,564	c Line a minus line b	▶ c	2,390,175
d Amounts included on line 12, Form 990 but not on line a			d Amounts included on line 17, Form 990 but not on line a.		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) and (2)	▶ d		Add amounts on lines (1) and (2)	▶ d	
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e	2,320,564	e Total expenses per line 17, Form 990 (line c plus line d)	▶ e	2,390,175

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No

If 'Yes,' attach schedule -- see instructions

Part VI Other Information (See instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	133,402	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b		48
91	The books are in care of <u>FINANCE DIRECTOR</u> Telephone number <u>510-237-0113</u> Located at <u>2101 VAN NESS STREET, SAN PABLO, CA</u> ZIP + 4 <u>94806</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A	N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CLIENT FEES					77,237
b PROGRAM REVENUE					207,517
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	4,685	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property			16	5,250	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	21,705	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS			1	100	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				31,740	284,754
105 Total (add line 104, columns (B), (D), and (E))					316,494.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on personal benefit contracts? Yes No
 - b Did the organization, during the year, pay premiums, directly or indirectly, on personal benefit contracts? Yes No
- Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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 information furnished by taxpayer.

Signature of officer: *Bonita Sutton Schmall*

Type or print name and title: *Bonita Sutton Schmall, President*

Paid Preparer's Use Only

Preparer's signature: *Arlene K. Mose*

Firm's name (or yours if self-employed) address and ZIP + 4: **ARLENE K MOSE, CPA**
367 CIVIC DRIVE, SUITE 10
PLEASANT HILL, CA 94523-1933

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

2002

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

COMMUNITY VIOLENCE SOLUTIONS

Employer identification number

94-2411924

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
G C ----- 2101 VAN NESS, SAN PABLO, CA	DIR OF FINANCE 35 HRS/WEEK	75,842.	2,275	0
B S ----- 2101 VAN NESS, SAN PABLO, CA	EX DIRECTOR 35 HRS/WEEK	89,069.	2,672	0
BDB ----- 2101 VAN NESS, SAN PABLO, CA	DIR DEVELOPMNT 35 HRS/WEEK	59,079	1,772	0
CM ----- 2101 VAN NESS, SAN PABLO, CA	CLINICAL SVC 35 HRS/WEEK	55,044	1,651	0
SG ----- 2101 VAN NESS, SAN PABLO, CA	DIR CIC 35 HRS/WEEK	54,006	1,620	0
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services. ▶	0	

Part III Statements About Activities (See instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

(Must equal amounts on line 38, Part VI A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,004,070	2,146,941	1,705,702.	1,339,907	7,196,620.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	284,754	179,863	333,515	163,921.	962,053
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,685	4,651.	12,654	9,701	31,691
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets SEE STMT 8	27,055	22,010	3,065.		52,130
23 Total of lines 15 through 22	2,320,564	2,353,465	2,054,936	1,513,529.	8,242,494
24 Line 23 minus line 17	2,035,810	2,173,602	1,721,421	1,349,608	7,280,441
25 Enter 1% of line 23	23,206	23,535	20,549	15,135	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 **N/A** ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines **18** _____ **19** _____
22 _____ **26b** _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

27 Organizations described on line 12

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return Enter the sum of such amounts for each year
 (2001) _____ 0. (2000) _____ 0 (1999) _____ 0 (1998) _____ 0

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year
 (2001) _____ 0 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0

c Add Amounts from column (e) for lines **15** 7,196,620 **16** _____
17 962,053 **20** _____ **21** _____ ▶ **27c** 8,158,673

d Add Line 27a total 0 and line 27b total 0 ▶ **27d** 0

e Public support (line 27c total minus line 27d total) ▶ **27e** 8,158,673

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f** 8,242,494

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 98.98 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 0.38 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes, please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table - <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44													
Caution. If there is an amount on either line 43 or line 44, you must file Form 4720															

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements.
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ Yes No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

COMMUNITY VIOLENCE SOLUTIONS

94-2411924

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

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
EVENING OF AWARENESS	38,145	0	38,145	16,440	21,705
TOTAL	<u>\$ 38,145</u>	<u>\$ 0</u>	<u>\$ 38,145</u>	<u>\$ 16,440</u>	<u>\$ 21,705</u>

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BOARD EXPENSE	6,260		6,260	
BROCHURES/PROMOTIONAL	7,625	7,625		
DUES & SUBSCRIPTIONS	5,273	5,273		
FURNITURE & EQUIPMENT	6,284	6,284		
INSURANCE	16,572		16,572	
MISCELLANEOUS	3,346	3,346		
NEWSLETTERS APPEALS	11,910	3,820		8,090.
PROFESSIONAL CONTRACT SERVICES	84,523	83,098	696	729
PROFESSIONAL FEES	28,166		28,166	
RECRUITMENT	1,600	1,600		
RELOCATION EXPENSE	34,663	34,663		
TRAINING	3,870	3,870		
VICTIM SERVICES	38,084	38,084		
WORKERS COMPENSATION INSURANCE	32,611	25,534	6,294	783
TOTAL	<u>\$ 280,787</u>	<u>\$ 213,197</u>	<u>\$ 57,988</u>	<u>\$ 9,602</u>

STATEMENT 3
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
STEPPING STONES COUNSELING CENTER PROVIDES COMPREHENSIVE COUNSELING FOR CHILDREN AND ADULTS IT ALSO PROVIDES TREATMENT TO INCLUDE FAMILY THERAPY, GROUP THERAPY, PARENTING EDUCATION, PSYCHOLOGICAL TESTING, AND CASE MANAGEMENT		562,819
CIRCLE OF CARE IS A DAY TREATMENT PROGRAM SERVING ADOLESCENT GIRLS WHO ARE ON PROBATION OR ARE AT RISK OF BECOMING INVOLVED IN THE JUVENILE JUSTICE PROGRAM		420,981.
THE CHILDREN'S INTERVIEW CENTER IS A CHILD-FRIENDLY FACILITY WHICH REDUCES THE NEED FOR MULTIPLE INTERVIEWS, ALLOWING LAW ENFORCEMENT, COUNTY SOCIAL SERVICE, THE DISTRICT ATTORNEYS OFFICE, AND INTERVIEW SPECIALISTS TO COLLABORATE DURING THE INTERVIEW PROCESS		199,622

COMMUNITY VIOLENCE SOLUTIONS

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STATEMENT 3 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
PREVENTION AND EDUCATIONAL PREVENTION EFFORTS TO PROVIDE COMMUNITY EDUCATION REGARDING THE ISSUES OF SEXUAL ASSAULT		210,827
INTERVENTION EFFORTS TO INCLUDE 24-HOUR CRISIS LINE WHICH PROVIDES IMMEDIATE HELP TO CHILD AND ADULT VICTIMS 24 HOURS A DAY, 7 DAYS A WEEK STAFF AND TRAINED VOLUNTEERS ARE ON -CALL FOR COUNSELING AND ACCOMPANIMENT TO HOSPITALS, POLICE INTERVIEW, AND LEGAL PROCEEDINGS.		483,914
	<u>\$ 0</u>	<u>\$ 1,878,163</u>

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
MISCELLANEOUS	\$ 185,979	\$ 165,730	\$ 20,249
TOTAL	<u>\$ 185,979</u>	<u>\$ 165,730</u>	<u>\$ 20,249</u>

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

SECURITY DEPOSITS	\$ 14,095
TOTAL	<u>\$ 14,095</u>

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARCIA MCLEAN 2101 VAN NESS STREET SAN PABLO, CA 94806	BOARD MEMBER AS NEEDED	\$ 0	\$ 0	\$ 0
PHYLLIS GORDON 2101 VAN NESS STREET SAN PABLO, CA 94806	PRESIDENT AS NEEDED	0	0	0

COMMUNITY VIOLENCE SOLUTIONS

94-2411924

STATEMENT 6 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHELLE SULLIVAN 2101 VAN NESS STREET SAN PABLO, CA 94806	BOARD MEMBER AS NEEDED	\$ 0	\$ 0	\$ 0
JOAN K WIDDIFIELD 2101 VAN NESS STREET SAN PABLO, CA 94806	BOARD MEMBER AS NEEDED	0.	0	0.
ANTHONY PARKS 2101 VAN NESS STREET SAN PABLO, CA 94806	BOARD MEMBER AS NEEDED	0	0	0
SHERYL STURGES 2101 VAN NESS STREET SAN PABLO, CA 94806	SECRETARY AS NEEDED	0	0	0
BONITA SCHMALL 2101 VAN NESS STREET SAN PABLO, CA 94806	CO-TREASURER AS NEEDED	0	0	0
SANDRA BATES HINCK 2101 VAN NESS STREET SAN PABLO, CA 94806	VICE PRESIDENT AS NEEDED	0	0	0
PATRICK CALLAHAN 2101 VAN NESS STREET SAN PABLO, CA 94806	BOARD MEMBER AS NEEDED	0	0	0
SHELLEY GRAHAM 2101 VAN NESS STREET SAN PABLO, CA 94806	BOARD MEMBER AS NEEDED	0	0	0
MARY ROSAS 2101 VAN NESS STREET SAN PABLO, CA 94806	CO-TREASURER AS NEEDED	0	0	0
TOTAL		\$ 0	\$ 0	\$ 0

STATEMENT 7
 FORM 990, PART VIII
 RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93-A	CLIENT FEES ARE CHARGED TO VICTIMS FOR COUNSELING AND PREVENTION SERVICES FEES ARE BASED ON A SLIDING SCALE
93-B	PROGRAM REVENUE INCLUDES FEES CHARGED FAMILY THERAPY, PARENT EDUCATION AND INDIVIDUAL COUNSELING FOR GIRLS AT RISK OF BECOMING INVOLVED IN THE JUVENILE JUSTICE SYSTEM FEES ARE CHARGED TO OTHER AGENCIES SUCH AS THE DEPARTMENT OF MENTAL HEALTH, DEPARTMENT OF PROBATION AND MEDI-CAL

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

<u>DESCRIPTION</u>	<u>(A) 2001</u>	<u>(B) 2000</u>	<u>(C) 1999</u>	<u>(D) 1998</u>	<u>(E) TOTAL</u>
FUNDRAISING ACTIVITIES	\$ 21,705	\$ 22,010	\$ 3,065	\$ 0	\$ 46,780.
RENTAL INCOME	5,250	0	0	0	5,250
MISCELLANEOUS INCOME	100.	0	0	0	100
TOTAL	<u>\$ 27,055</u>	<u>\$ 22,010</u>	<u>\$ 3,065</u>	<u>\$ 0</u>	<u>\$ 52,130</u>

COMMUNITY VIOLENCE SOLUTIONS

94-2411924

TEMPORARILY RESTRICTED NET ASSETS
SUPPLEMENTAL STATEMENT
FYE 6/30/03

TEMPORARILY RESTRICTED NET ASSETS AS OF JUNE 30, 2003 INCLUDE THE FOLLOWING

TOTAL

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FYE 6/30/03

TOTAL FEDERAL PASS THRU DOLLARS FOR FYE 6/30/03 ARE \$897,390 DETAILED AS FOLLOWS

US DEPARTMENT OF JUSTICE
PASS THRU OFFICE OF CRIMINAL JUSTICE PLANNING
SEXUAL ASSAULT VICTIM SERVICES
CFDA #16.575
GRANTS VARIOUS
AMOUNT \$456,153

US DEPARTMENT OF JUSTICE
PASS THRU OFFICE OF CRIMINAL JUSTICE PLANNING
SEXUAL ASSAULT VICTIM SERVICES
CFDA #93 991
GRANTS VARIOUS
AMOUNT \$174,493

US DEPARTMENT OF JUSTICE
PASS THRU OFFICE OF CRIMINAL JUSTICE PLANNING
SEXUAL ASSAULT RESPONSE TEAM (SART)
CFDA #16 558
GRANTS VARIOUS
AMOUNT \$198,250

US DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (HUD)
PASS THRU MARIN COUNTY, CONTRA COSTA COUNTY, AND
CITY OF PITTSBURG
CFDA #14 218
GRANTS VARIOUS
AMOUNT \$ 68,494