

Carson City, A Consolidated Municipality

Application for

Community Support Services Funding Fiscal Year 2010-2011

Name of Organization: AARP Tax-Aide Foundation

Amount Requested: \$1800.00

Contact Person: Gil Yanuck

Mailing Address: 4100 Lakeview Road

City: Carson City State: Nevada Zip Code: 89703

Phone Number: 775-841-3675 E-mail: gilcalif@att.net

501(c)3 Taxpayer I.D. Number: 52-0794300

Date Submitted: February 22, 2010

Please mail completed application and attachments to:
Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701

Carson City Community Support Services APPLICATION FOR GRANT FUNDS

Fiscal Year 2010-2011

Organization Information

| 1. | What is the overall purpose or goal of your organization? | | | |
|----|---|---|---|--|
| | To provide free income tax assistance to low and moderate income taxpayers with special attention to those 60 and older. | | | |
| 2. | How long has your o | rganization been in existence? | ² 42 Years Months | |
| | How long has your o | rganization been in Carson Ci | ty? 19 Years Months | |
| 3. | Describe in general the activities or services of your organization: | | | |
| | To provide free income tax assistance. | | | |
| 4. | How many people do you intend to serve during this Fiscal Year 2010-2011? | | | |
| | # of Youth <u>50</u> | # of Adults <u>300</u> | # of Seniors <u>650</u> | |
| 5. | How many people sen | rved this Fiscal Year 2010-20 | 11 will be Carson City residents? | |
| | # of Youth <u>45</u> | # of Adults <u>280</u> | # of Seniors <u>630</u> | |
| 5. | How many paid empl | oyees/volunteers does your or | ganization employ? | |
| | # of full-time Volunte | eers 2 # of part-time Volu | nteers 28 | |
| 7. | Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 0% | | | |
| 3. | Describe how your or | ganization is managed and go | verned (i.e., Board of Directors). | |
| | There is a State Management Team made up of the State Coordinator, Sr. District Coordinator, Administrative Assistant, Technical Coordinator and Training Coordinator | | | |
|). | Please provide inform Name | nation on your Executive Boar <u>Title</u> | d members or contact person: <u>Phone</u> | |
| | Gil Yanuck | Sr. District Coordinator | 775-841-3675 | |
| | | | | |

Program/Proposal Information

- 10. Amount of funds requested? \$ 1800.00
- 11. <u>Purpose of Program/Proposal</u>: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue.

The grant will fund the purchase of equipment to permit the processing of additional tax returns. The target population is low to moderate income with special attention to those 60 and over. The AARP Tax-Aide Foundation has been providing this service nationally for 42 years.

12. <u>Goals, Objectives & Measurable Outcomes</u>: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):

City Goal (CC014) "Carson City is served by strong community based organizations." The Internal Revenue Service provides reports on the number of tax returns filed by each of our sites in Carson City. We can measure the the success of the program by comparing the number of returns prepared during the preceding tax season with the current season. The tax preparation service is normally in operation from February first through April 15th of each year. The program assists taxpayers during the balance of the year with tax problems or notices they receive from the IRS. Training takes place in December and January for the volunteers. The Sr. District Coordinator is a year round position.

13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.

The ultimate beneficiary of the funds will be the taxpayers who receive the free tax preparation service. We intend to apply for grants in future years to purchase additional equipment.

14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs?

No.

15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.

| 16. | Has your organization been funded by Carson City previously? X Yes If yes, please list: | | | ☐ No |
|-----|---|---------------|--------------------------------------|------|
| | <u>Year</u> | <u>Amount</u> | Program/Event | |
| | 2009 | \$3800.00 | Purchase equipment for tax preparati | on |

Required Attachments:

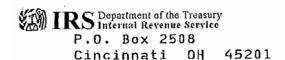
- X A copy of your 501(c)(3) Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- X A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- X Previous Grantees: If your organization received grant funding in Fiscal Year 2009-2010 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.
- X Signed Guidelines for Grants (please keep a copy for your files).

Carson City Community Services Support Funding Application Fiscal Year 2010 – 2011

Question 15. Detailed budget of expenditures

Budget for Community Services Grant

| Purchase of two Laptops @ \$ 600.00 each | \$ 1200.00 |
|---|------------|
| Purchase of two printers @ \$ 200.00 each | 400.00 |
| Purchase of toner cartridges and paper | 200.00 |
| TOTAL | \$ 1800.00 |



In reply refer to: 0248119468 Aug. 06, 2008 LTR 4168C E0 52-0794300 000000 00 000 00018190

BODC: TE

AARP FOUNDATION % TAX DEPARTMENT 601 E ST NW WASHINGTON DC 20049

2701

Employer Identification Number: 52-0794300 Person to Contact: Carol A. Kraft Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 28, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 1963, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Dur records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(l) and 170(b)(l)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivar Michele M. Sullivan, Oper. Mgr.

Accounts Management Operations I

Carson City, A Consolidated Municipality

Guidelines for Grants

Fiscal Year 2010-2011

Vision

A leader among cities as an inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community
A Healthy Community
An Active and Engaged Community
A Clean and Healthy Environment
A Vibrant, Diverse and Sustainable Economy
A Community Rich in History, Culture and the Arts
A Community Dedicated to Excellence in Education
A Physically and Socially Connected Community
A Community Where Information is Available to All

- 1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
- 2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
- 3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
- 4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
- 5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
- 6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
- 7. These guidelines shall not control any grants of money provided by any other public or private entity.

- 8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 1, 2011.
- Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
- 10. The <u>original and nine (9) copies</u> of the application packet must be submitted to the City Manager's Office no later than 5:00 p.m. on February 25, 2010. An electronic pdf version may also be emailed to cceo@ci.carson-city.nv.us.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

PURCHASE OF EQUIPMENT FOR TAX PREPARATION

Name of Program

Project Director Signature

<u>02/22/2010</u> Date

Carson City Executive Offices 201 N. Carson Street, Suite 2 Carson City, NV 89701 775-887-2100 775-887-2286 (fax) cceo@ci.carson-city.nv.us www.carson-city.nv.us

Carson City, A Consolidated Municipality

Annual Report

For Community Support Services Funding Fiscal Year 2009-2010

Name of Organization: AARP Tax-Aide Foundation

Program/Project: Acquisition of Equipment for Preparing and Electronic Filing of Tax Returns

Amount of Funds Received \$ 3800.00

Contact Person: Gil Yanuck

Mailing Address: 4100 Lakeview Road

City: Carson City State: NV Zip Code: 89703

Phone Number: 775-841-3675 E-mail: gilcalif@att.net

Date Submitted: February 22, 2010

- Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses.
- 2. Evaluate your achievement of your program/proposal objectives listed in your application:

The project was fully achieved. The funds were used to purchase laptop computers, printers and miscellaneous equipment.

This equipment is currently being used to prepare tax returns in Carson City.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

Approximately 1180 people benefitted and 940 were from Carson City. We estimate that this saved them collectively \$ 165,200.00 had they gone to a paid tax preparer.

4. What specific community benefit did your project provide Carson City?

In addition to the savings noted above, the people we assisted also received approximately \$225,000.00 in Earned Income Credit refunds to spend in Carson City.

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

Yes, the project will be reoccurring and we anticipate applying for additional grant funds.

6. Describe any challenges that impacted your program.

The challenges to the program are attracting and retaining volunteers and the receipt of grant funds with which to pay for equipment and training facilities.

| 16. | Has your organization been funded by Carson City previously? Yes \(\Boxed{\text{N}}\) Yes \(\Boxed{\text{If yes, please list:}} | | |
|-----|---|-----------|--|
| | Year | Amount | Program/Event |
| | 2009 | \$3800.00 | Purchase equipment for tax preparation |

Required Attachments:

- X A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- X A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- X Previous Grantees: If your organization received grant funding in Fiscal Year 2009-2010 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.
- X Signed Guidelines for Grants (please keep a copy for your files).

Annual Report For Community Support Services Funding Fiscal Year 2009 – 2010

Income & Expense Statement

AARP Tax-Aide Program Carson City, Nevada

\$

1.54

| Income (Grant Award) | \$ 3800.00 | |
|--------------------------------|------------|--|
| | | |
| Expenditures | | |
| Purchase of Laptop Computers | \$ 3184.70 | |
| Purchase of Printers | 428.91 | |
| Purchase of Back-up Hard Drive | 109.99 | |
| Purchase of Windows 7 Manual | 35.87 | |
| Purchase of printing paper | 38.99 | |
| Total Expenditures | \$ 3798.46 | |

Remaining balance

From: David Alexander Page 1 of 1

Print Close

From: "Alexander, David" < DAlexander@aarp.org>

To: <gilcalif@att.net>

Subject: RE: Request for IRS Form 990

Date: Monday, February 22, 2010 9:23:07 AM

Gil,

Please remember to loop us in if the grant is over \$5000 as instructed in the Policy Manual or it is under that amount and you would like any input on the grant you can contact us.

We have found that entities that require these types of forms and reports see the AARP Foundation completed form and are given a false impression of our financial situation both as a program and the total Foundation. The income report does not break down to what the AARP Tax-Aide program funding actually is nor does it tell the story of how much we need the local funding for equipment. You will need to tell that in the narrative part of the submission.

Hope that helps.

Sincerely, David Alexander Business Process Specialist AARP Tax-Aide 1-800-424-2277 x6021 202.434.6021

From: gilcalif@att.net [mailto:gilcalif@att.net] **Sent:** Friday, February 19, 2010 6:35 PM

To: Alexander, David

Subject: Request for IRS Form 990

David,

I am applying for a Community Sevice Grant from the City and this year they are asking for a copy of IRS Form 990. In the past, they have always been satisfied with the IRS letter showing that we are a 501(c)(3). Is a copy of the Form 990 available? Gil

Attachment 1: 2008 990 signed.pdf (application/octet-stream)