



Carson City, A Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2010-2011

Name of Organization: Carson City Community Counseling Center

Amount Requested: \$49,500

Contact Person: Mary K Bryan, Director

Mailing Address: 205 S Pratt Ave

City: Carson City State: NV Zip Code: 89701

Phone Number: 775+882-3945 E-mail: meadowmary@aol.com

501(c)3 Taxpayer I.D. Number: 88-0212354

Date Submitted: _____

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?

The purpose of the Community Counseling Center includes the following to provide the citizens of Carson City with affordable alcohol and drug treatment services including: to provide affordable alcohol and drug assessments with detailed recommendations; to provide no cost alcohol and drug assessments with detailed recommendations to the family or clients, age 12 - 24 when they meet the financial criteria; to aid in reducing the spread of methamphetamine and opiate use in our community; to participate with existing agencies in all efforts to reduce substance related problems, and to provide these assessments on site at the jail and the juvenile detention center in an expeditious manner.

2. How long has your organization been in existence? 24 Years 10 Months

How long has your organization been in Carson City? 24 Years 10 Months

3. Describe in general the activities or services of your organization:

The Community Counseling Center provides alcohol and drug treatment beginning with the detailed assessment with recommendations, outpatient and intensive outpatient services both individual and group, residential treatment, aftercare and follow up treatment, and case management and coordination of services. The Center provides family counseling for support with a family member who is in need of treatment; individual support in some cases for family members who are struggling with "codependency" issues; a batterer's intervention group; anger management groups; Spanish assessments and a Spanish Men's Recovery Group. Other activities include supporting other agencies, churches, and organizations with substance related issues.

4. How many people do you intend to serve during this Fiscal Year 2010-2011?

of Youth 1513 # of Adults 31159 # of Seniors 311

5. How many people served this Fiscal Year 2010-2011 will be Carson City residents?

of Youth 1210 # of Adults 24927 # of Seniors 249

6. How many paid employees/volunteers does your organization employ?

of full-time employees 27 # of part-time employees 5

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 5%

8. Describe how your organization is managed and governed (i.e., Board of Directors).

The Counseling Center has a Board of Directors which oversees the Administrator of the agency. The Counseling Center's Administrator works with a parttime bookkeeper, a volunteer CPA, an Office Manager, a Director of Youth Services, a Director of Residential Services, and a Director of Drug Court Services. The Administrator runs the daily operation which includes all personnel matters, procedures for operating a recovery program, and budget preparation. The Board provides review of the operations, meeting 6 times a year, final review and approval of the yearly budget, and guidance and final approval on most policies and procedures. Routine daily matters are left to the discretion of the Administrator.

9. Please provide information on your Executive Board members or contact person:

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Thomas Perkins	Board President	7901511
Scott Shick	Member	7829812
Sev Carlson	Secretary/Treasurer	8523900
Noel Waters	Member	2303973
Mary Piercynski	Member	8836876
Ursula Carlson	Member	4454269
Teri Zutter	Member	8823228
Helaine Jessie	Member	6299674

Program/Proposal Information

10. Amount of funds requested? \$ 49500
11. Purpose of Program/Proposal: 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 Center intends to use the funds for employee salaries and benefits at both the outpatient and residential facility. The funding provides support staff at the facilities and allows us to provide a quality of care that becomes increasingly difficult to maintain when budgets are pared past a manageable point. Last year \$10,780 was applied to supplemental food costs and paper products at the residential facility. This year all the funds will be used toward counseling staff salaries and benefits, supplemental food costs and paper will be foregone.

Founded in 1985 as the Community Addiction Clinic, Community Counseling Center has 25 years of experience and training. Founded by Father Jerry Hanley of St Teresa's Church, a doctor's wife, and two unnamed recovering addicts the origins of the program were grass roots. The agency is now an integral part of the Carson City Court and law enforcement system. Community Counseling Center's qualifications include the years of experience in alcohol and drug recovery assessment and treatment; the strong ties to the community with the Partnership Carson City which it has participated in since its inception; a local board that has been chosen for its understanding of the drug and alcohol problems in the community and its remarkable commitment to the quality of treatment provided; and licensure by the Joint Commission(of Hospitals), the Substance Abuse Prevention and Treatment Agency of the State of Nevada, and the Bureau of Health Licensure for residential treatment facilities for alcohol and drug clients. Additionally, without exception, every employee of the Counseling Center (except administrative support) are certified or licensed Board of Examiner Counselors or Interns. The agency uses all "best practices" as required by our certifying agencies.

The target population includes Carson City substance users who are just entering the system and are in need of assessment and treatment to those who are being ordered for treatment by a judge as a last chance. The Center needs funding to support the salaries of the outpatient and residential staff to maintain an adequate number of staff to provide the recovery treatment programming.

The number to be served is presented in units of service. We provide residential treatment to approximately 15 people a day. For these clients we count a 24 hour period as the "unit of service" and that means we could have up to 18 units of service a day if there were 15 residential clients and 3 detox/CPC clients. Sometimes the clients come and go within a day and if they are there less then 24 hours, sometimes we don't capture them in the count of clients. The absolute maximum we could provide service to is 6,570 because we have 18 beds and there are 365 days in the year.

At the outpatient facility, we can provide treatment to 15 clients per group. We usually have 5 to 7 groups per night. This fluctuates depending on where the clients are in their

treatment and recovery program. In the first few months, the clients need more support than later on in the program so they may be coming 2 - 3 times a week in the first 90 days, then step down to 1 -2 groups per week. The number of clients we usually see each week is around 550, but some of those clients are here for 3 groups per week and perhaps an individual session and perhaps a family session as well.

12. Goals, Objectives & Measurable Outcomes: 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):

The City goals which our grant will help to accomplish are: A Safe and Secure Community and A Healthy Community.

A minimum of 150 evaluations will be done for the judicial system.

The Center will provide a minimum of 12 recovery groups per week, each serving 10 - 15 clients.

Assessments in English and Spanish will be available. A Spanish Recovery Group will be maintained.

Case management with at least one individual session per month for at least 150 clients will be done.

Approximately 65 drug court clients with varying hours of treatment per week will be case managed and treated.

At least 15 residential beds available daily for Civil Protective Custody, Detoxification, and other ongoing residential treatment services will be maintained.

These services are ongoing. The goals will be achieved by maintaining adequate trained staff to provide the services, licensed facilities to provide the services in, and a system of supervision and training to maintain the best quality and best practices available in the community. The start date for this grant will be 7/1/10 and services will continue through 12/31/10.

A minimum number of hours per week of individual and group counseling are provided and can be measured by the client rosters. The quarterly utilization report counts group and individual clients served. All clients are also entered into a State of Nevada system which counts them and enters which types of treatment they are receiving. The number of successful completions is also tracked, along with satisfaction surveys to determine the strengths and weaknesses of the treatment being provided. This system tracks all clients and the services provided. The clients' measure of success is determined by positive changes in their demographics, like employment and legal involvement. Case management and drug court status are also registered in this management system.

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 idea of treatment and recovery is primarily for the clients' benefit. Next it would benefit the family of the addict. The community benefits in a variety of ways, for example, the school counselor is needed less by the children of the addicts once they get sober; the emergency room is less utilized when drug addicts and alcoholics are not injured and seeking services or just drug seeking there; the social service agencies are relieved when they do not have to service these families because they become self-sufficient; the taxes paid by working citizens who are drug free and in recovery benefit all of us. It is hard to say who benefits the most, but clearly when clients are clean and sober, the community can be assured that their criminal activity, including driving impaired, is markedly reduced, thus making all of us safer.

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?

There are not any other certified, funded, SAPTA substance abuse recovery treatment programs in Carson City. We are the only Joint Commission Accredited facility which is not hospital based which speaks to the quality of services provided by our agency. It also speaks to the partnership that the Center has with Carson City which provides the beautiful accommodations for the recovery program, and the jail which provides the food services.

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

Budget Attached

16. Has your organization been funded by Carson City previously? Yes No
If yes, please list:

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
08-09	\$49,500	Community Support Services
07-08	\$49,500	Community Support Services
06-07	\$55,000	Community Support Services
05-06	\$47,500	Community Support Services

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).

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.
9. 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 **original and nine (9) copies** 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.

Community Counseling Center
Name of Program

Mary K. Bryan
Project Director Signature

2/23/10
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

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: FEB 16 1999

Carson City Community Counseling
Center
625 Fairview Suite 116
Carson City, NV 89701-5430

Person to Contact:
Mildred Davis
Telephone Number:
8777-829-5500
Fax Number:
513-684-5936
Federal Identification Number:
88-0212354

Dear Sir or Madam:

This letter is in response to your Certificate of Amendment to the Articles of Incorporation filed October 2, 1992, changing your name.

Our records indicate that a determination letter issued in May 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Carson City Community Counseling Center
88-0212354

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

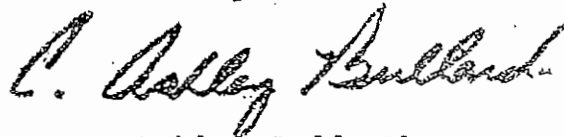
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director

CARSON CITY
COMMUNITY COUNSELING CENTER
FINANCIAL STATEMENTS
DECEMBER 31, 2008 AND 2007
(INDEPENDENT AUDITORS' REPORT)

CARSON CITY COMMUNITY COUNSELING CENTER
TABLE OF CONTENTS
DECEMBER 31, 2008 AND 2007

	<u>Page</u>
Independent Auditors' Report	2
Financial Statements	
Statements of Financial Position	3
Statements of Activities	4
Statements of Cash Flows	5
Statements of Functional Expenses	6
Notes to Financial Statements	8
Compliance Section	
Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards	15
Report on Compliance with Requirements Applicable to the Major Program and on Internal Control over Compliance in Accordance with OMB Circular A-133	17
Schedule of Expenditures of Federal Awards	19
Schedule of Findings and Questioned Costs	20
Summary Schedule of Prior Audit Findings	21



Certified Public Accountants
Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Carson City Community Counseling Center
Carson City, Nevada

We have audited the accompanying statements of financial position of Carson City Community Counseling Center (a nonprofit organization) as of December 31, 2008 and 2007, and the related statements of activities, cash flows and functional expenses for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Carson City Community Counseling Center as of December 31, 2008 and 2007, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated August 12, 2009 on our consideration of Carson City Community Counseling Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of Carson City Community Counseling Center taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Solari and Sturmer, LLC

August 12, 2009

CARSON CITY COMMUNITY COUNSELING CENTER
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2008 AND 2007

ASSETS	2008	2007
Current Assets		
Cash and cash equivalents	\$ 172,751	\$ 122,802
Accounts receivable, net	19,343	22,171
Grants receivable	111,589	103,776
Prepaid expenses	30,092	21,136
Total current assets	333,775	269,885
Property and Equipment, Net	76,881	69,721
Other Assets	2,547	2,547
	\$ 413,203	\$ 342,153
 LIABILITIES AND NET ASSETS		
Current Liabilities		
Credit card liabilities	\$ 393	\$ -
Payroll liabilities	1,997	2,118
Current maturities of long-term debt	41,813	35,815
Total current liabilities	44,203	37,933
Long-term Liabilities		
Accrued compensated absences	16,735	17,030
Long-term debt and capital lease obligations	58,233	78,846
Total long-term liabilities	74,968	95,876
Net Assets		
Unrestricted	277,659	208,344
Temporarily Restricted	16,373	-
Total net assets	294,032	208,344
	\$ 413,203	\$ 342,153

See accompanying notes.

**CARSON CITY COMMUNITY COUNSELING CENTER
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2008 AND 2007**

CHANGES IN UNRESTRICTED NET ASSETS:

	<u>2008</u>	<u>2007</u>
Support and Revenues		
Charges for services	\$ 696,292	\$ 610,347
Contributions	39,427	50,355
Fundraising	22,156	15,977
Grants:		
Federal	709,176	635,632
State	638,079	405,661
Local	102,798	112,820
Interest and other income	2,195	1,318
Net assets released from restrictions	525	-
Total unrestricted support and revenues	2,210,648	1,832,110
Expenses		
Program services:		
Outpatient counseling	949,877	891,246
Detox	857,246	627,354
Drug court	228,572	212,590
Victim impact	525	-
Supporting services:		
Management and general	73,879	82,656
Fundraising	31,234	15,872
	2,141,333	1,829,718
Change in Unrestricted Net Assets	69,315	2,392
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	16,898	-
Net assets released from restrictions	(525)	-
Change in Temporarily Restricted Net Assets	16,373	-
Total Change in Net Assets	85,688	2,392
Net Assets at Beginning of Year	208,344	205,952
Net Assets at End of Year	\$ 294,032	\$ 208,344

See accompanying notes.

**CARSON CITY COMMUNITY COUNSELING CENTER
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2008 AND 2007**

	<u>2008</u>	<u>2007</u>
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 85,688	\$ 2,392
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	23,185	21,166
Changes in:		
Accounts receivable	2,828	79,683
Grants receivable	(7,813)	(667)
Prepaid expenses	(8,956)	1,658
Credit card liabilities	393	(7,378)
Payroll liabilities	(121)	768
Client trust funds	-	(8,357)
Accrued compensated absences	(295)	6,394
Net cash provided (used) by operating activities	94,909	95,659
Cash flows from investing activities:		
Purchase of equipment	(9,145)	(5,813)
Net cash provided (used) by investing activities	(9,145)	(5,813)
Cash flows from financing activities:		
Principal payments on capital lease obligations	(2,815)	(1,017)
Principal payments on note payable	(33,000)	(6,000)
Net cash provided (used) by financing activities	(35,815)	(7,017)
Net increase (decrease) in cash	49,949	82,829
Cash and cash equivalents, beginning of year	122,802	39,973
Cash and cash equivalents, end of year	\$ 172,751	\$ 122,802
Supplemental Disclosure of Cash Flow Information:		
Cash paid for interest	\$ 959	\$ 556
Non-cash investing and financing activities:		
Property and equipment acquired under capital lease	\$ 21,200	\$ 16,548

See accompanying notes.

**CARSON CITY COMMUNITY COUNSELING CENTER
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2008**

	PROGRAM SERVICES					SUPPORTING SERVICES				TOTAL
	Outpatient Counseling	Detox	Drug Court	Victim Impact	Total Program Services	Management and General	Fund Raising	Supporting Services	TOTAL	
Salary and related expenses:										
Salaries	\$ 618,688	\$ 510,747	\$ 52,996	\$ -	\$ 1,182,431	\$ 49,266	\$ 14,188	\$ 63,454	\$ 1,245,885	
Payroll taxes	52,674	45,111	4,438	-	102,223	4,319	1,135	5,454	107,677	
Workers' compensation	4,666	4,571	350	-	9,587	362	44	406	9,993	
Employee benefits	50,391	64,297	6,288	-	120,976	1,345	1,309	2,654	123,630	
	726,419	624,726	64,072	-	1,415,217	55,292	16,676	71,968	1,487,185	
Advertising	1,296	634	-	-	1,930	-	-	-	1,930	
Bad debts	37,619	18,807	-	-	56,426	-	-	-	56,426	
Contract services	14,667	12,527	-	-	27,194	-	-	-	27,194	
Depreciation/amortization	-	15,457	-	-	15,457	7,728	-	7,728	23,185	
Donations	195	-	-	-	195	-	-	-	195	
EAP Program	1,566	525	-	-	2,091	-	-	-	2,091	
Equipment lease	87	-	-	-	87	-	-	-	87	
Fees and charges	5,112	1,968	-	-	7,080	35	4	39	7,119	
Fundraising	557	-	-	-	557	-	13,298	-	13,855	
Insurance	5,857	6,482	-	-	12,339	238	-	238	12,577	
Interest	-	-	-	-	-	959	-	959	959	
Office	12,860	3,077	269	-	16,206	377	161	538	16,744	
Printing and postage	6,712	2,269	18	-	8,999	226	758	984	9,983	
Professional services	7,265	9,616	158	-	17,039	6,275	-	6,275	23,314	
Public education	955	922	250	525	2,652	-	-	-	2,652	
Reimbursements	-	-	83,970	-	83,970	-	-	-	83,970	
Rent	83,417	89,500	-	-	172,917	1,473	-	1,473	174,390	
Repairs and maintenance	1,760	14,323	-	-	16,083	45	-	45	16,128	
Staff development and training	10,875	12,431	750	-	24,056	-	-	-	24,056	
Supplies	12,775	40,064	70,564	-	123,403	181	337	518	123,921	
Telephone	6,477	3,786	2,179	-	12,442	801	-	801	13,243	
Travel	3,711	132	6,342	-	10,185	249	-	249	10,433	
Utilities	9,695	-	-	-	9,695	-	-	-	9,695	
Total Expenses	\$ 949,877	\$ 857,246	\$ 228,572	\$ 525	\$ 2,036,220	\$ 73,879	\$ 31,234	\$ 105,113	\$ 2,141,333	

See accompanying notes.

**CARSON CITY COMMUNITY COUNSELING CENTER
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2007**

	PROGRAM SERVICES				SUPPORTING SERVICES				TOTAL
	Outpatient Counseling	Detox	Drug Court	Total Program Services	Management and General	Fund Raising	Supporting Services	Total	
Salary and related expenses:									
Salaries	\$ 548,028	\$ 386,707	\$ 44,102	\$ 978,837	\$ 46,451	\$ 13,003	\$ 59,454	\$ 1,038,291	
Payroll taxes	47,195	34,169	3,723	85,087	4,224	1,134	5,358	90,445	
Workers' compensation	3,240	3,624	332	7,196	485	136	621	7,817	
Employee benefits	62,430	62,601	8,076	133,107	7,435	1,298	8,733	141,840	
	660,893	487,101	56,233	1,204,227	58,595	15,571	74,166	1,278,393	
Advertising	613	1,260	-	1,873	-	-	-	1,873	
Bad debts	67,371	30,345	-	97,716	-	-	-	97,716	
Equipment lease	2,989	-	-	2,989	139	-	139	3,128	
Contract services	8,049	9,560	80	17,689	-	-	-	17,689	
Depreciation/amortization	-	6,985	-	6,985	14,181	-	14,181	21,166	
Donations	245	-	-	245	-	-	-	245	
EAP Program	2,114	1,057	-	3,171	-	-	-	3,171	
Fees and charges	2,100	541	200	2,841	212	-	212	3,053	
Insurance	5,665	5,732	-	11,397	363	-	363	11,760	
Interest	556	-	-	556	-	-	-	556	
Office	10,541	7,929	114	18,584	214	-	214	18,798	
Printing and postage	6,068	2,131	4	8,203	138	-	138	8,341	
Professional services	9,433	7,244	-	16,677	3,562	-	3,562	20,239	
Public education	1,180	221	-	1,401	-	-	-	1,401	
Rent	69,939	23,927	-	93,866	3,430	-	3,430	97,296	
Repairs and maintenance	2,532	3,110	-	5,642	106	-	106	5,748	
Staff development and training	8,519	12,617	20	21,156	-	-	-	21,156	
Supplies	15,278	23,802	149,515	188,595	457	301	758	189,353	
Telephone	7,072	2,853	1,194	11,119	874	-	874	11,993	
Travel	845	939	4,723	6,507	-	-	-	6,507	
Utilities	9,244	-	507	9,751	385	-	385	10,136	
Total Expenses	\$ 891,246	\$ 627,354	\$ 212,590	\$ 1,731,190	\$ 82,656	\$ 15,872	\$ 98,528	\$ 1,829,718	

See accompanying notes.

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies is presented to assist in understanding the Organization's financial statements.

a. Nature of Activities

The Carson City Community Counseling Center (the Organization) is a nonprofit entity organized under the laws of the State of Nevada. Its purpose is to prevent alcohol and drug abuse throughout Carson City and the surrounding area. Outpatient programs include ongoing educational programs and outpatient drug and alcohol abuse treatment services. The Detox program provides inpatient detoxification services.

b. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles. Therefore, revenue and the related assets are recorded when earned rather than when received and certain expenses are recognized when incurred rather than when the obligations are paid.

c. Basis of Presentation

These financial statements are presented in accordance with Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, which represents the expendable resources that are available for operations at management's discretion; temporarily restricted net assets, which represent resources restricted by donors as to purpose or by the passage of time; and permanently restricted net assets, which represents resources whose use by the organization is limited by donor imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. There were no permanently restricted net assets as of December 31, 2008 and 2007.

d. Restricted and Unrestricted Support and Revenue

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions.

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

e. Accounts Receivable

Fees for rehabilitation counseling services are charged using a sliding fee scale. The Organization bills either the client or the client's insurance company. Uncollected balances of \$50 or greater that have not experienced any activity for 120 days are referred to a local collection agency. Due to the nature of the services provided and the clientele receiving the services, management anticipates that a significant portion of accounts receivable will not be collectible and accordingly, an allowance for doubtful accounts has been established.

f. Functional Expense Allocations

Expenses relating to more than one function are allocated to program services, management and general expenses, or fundraising costs based on employee time estimates or other appropriate usage factors.

g. Property and Equipment

Property and equipment is stated at cost or fair value at the date of donation. It is the Organization's policy to capitalize all acquisitions in excess of \$500 that have a useful life greater than one year. Depreciation is provided using the straight line method over the estimated useful lives of the assets, which range from 3 to 7 years. Leasehold improvements are amortized over the shorter of the remaining lease term or useful life. Property and equipment also includes items acquired under capital leases.

h. Compensated Absences

Vacation – Full time employees accrue vacation time throughout the year. A maximum of 40 hours of unused vacation may be carried over to the following year. Unused amounts in excess of 40 hours as of December 31 of each year are forfeited. Vacation which has been accrued but not used is paid upon termination.

Sick Leave – Full time employees accrue sick leave at the rate of 6.67 hours per month. The maximum amount of sick leave that may be carried over to the following year is ten days (80 hours); however, no sick leave is paid upon termination.

i. Cash and Cash Equivalents

Cash includes bank demand deposits and cash on hand. The Organization considers cash equivalents to include all highly liquid investments available for current use with an initial maturity of three months or less.

j. Concentration of Credit Risk

Bank balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. From time to time, cash in bank accounts may exceed the federally insured limits. The Organization has not experienced any losses in such accounts nor does management believe the Organization is exposed to any significant credit risk. As of December 31, 2008, there was no uninsured cash in bank.

CARSON CITY COMMUNITY COUNSELING CENTER
 NOTES TO FINANCIAL STATEMENTS
 DECEMBER 31, 2008 AND 2007

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

k. Donated Services and Supplies

Donated services are recognized only if the services received either create or enhance nonfinancial assets or require specialized skills, and are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. For the year ended December 31, 2008 and 2007, no donated services were received or recognized.

l. Advertising

Advertising costs are expensed as they are incurred. Advertising expense for the years ended December 31, 2008 and 2007 was \$1,930 and \$1,873, respectively.

m. Income Taxes

The Organization is exempt from income taxes under Internal Revenue Code Section 501(c)(3) and is classified as a public charity (not a private foundation). The Organization has elected to defer the implementation of Interpretation 48 in accordance with Financial Accounting Standards Board (FASB) Staff Position FIN 48-3 and as such, no accounting policy has yet been set for evaluating uncertain tax positions.

n. Grants

The Organization receives substantially all of its grant revenue from government agencies. Revenues from these grants are recognized as the related costs associated with providing services are incurred. If the Organization were to experience a significant reduction in the level of support from these grants or not comply with grant requirements, it would have a material effect on its programs and activities.

o. Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from those estimates.

NOTE 2 – ACCOUNTS RECEIVABLE

At December 31, 2008 and 2007 accounts receivable consisted of the following:

	2008	2007
Currently due	\$ 326,185	\$ 272,587
Less: allowance for doubtful accounts	(306,842)	(250,416)
	\$ 19,343	\$ 22,171

CARSON CITY COMMUNITY COUNSELING CENTER
 NOTES TO FINANCIAL STATEMENTS
 DECEMBER 31, 2008 AND 2007

NOTE 3 – PROPERTY AND EQUIPMENT

At December 31, 2008 and 2007 property and equipment consisted of the following:

	2008	2007
Office and therapy furniture, equipment, and improvements	\$ 111,501	\$ 92,796
Detox furniture, equipment, and improvements	58,044	55,168
Vehicles	875	875
	170,420	148,839
Less: accumulated depreciation	(93,539)	(79,118)
	\$ 76,881	\$ 69,721

Depreciation expense totaled \$23,185 and \$21,166 for the years ended December 31, 2008 and 2007, respectively.

NOTE 4 – LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS

At December 31, 2008 and 2007 long-term debt and capital lease obligations consisted of the following:

	2008	2007
Capital lease payable in 63 monthly installments of \$314 on office equipment; bearing interest at 6.726%; matures October 25, 2012.	\$ 12,718	\$ 15,532
Capital lease payable in 63 monthly installments of \$499 on office equipment bearing interest at 15.963%; matures March 14, 2014.	21,200	-
Note payable to the City of Carson City in 36 monthly installments of \$3,000; non-interest bearing; matures November 26, 2010.	66,128	99,129
	100,046	114,661
Less: current portion	(41,813)	(35,815)
	\$ 58,233	\$ 78,846

CARSON CITY COMMUNITY COUNSELING CENTER
 NOTES TO FINANCIAL STATEMENTS
 DECEMBER 31, 2008 AND 2007

NOTE 4 – LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS (Continued)

Future payments on the note payable to Carson City are as follows for the years ending December 31:

2009	\$	36,000
2010		30,128
	\$	<u>66,128</u>

As of December 31, 2008 the cost of office equipment under capital lease included in property and equipment was \$37,748, with accumulated depreciation of \$4,964.

Future minimum lease payments are as follows for the years ending December 31:

2009	\$	9,762
2010		9,762
2011		9,762
2012		9,133
2013		5,989
Thereafter		1,498
		<u>45,906</u>
Less: amount representing interest		(11,988)
Present value of minimum lease payments		33,918
Less: current portion		(5,813)
	\$	<u>28,105</u>

NOTE 5 – EMPLOYEE BENEFIT PLAN

The Organization has a defined contribution salary deferral plan (SIMPLE IRA) covering employees who have been employed for at least 2 years and work a minimum of 32 hours per week. Under the plan, the Organization matches dollar for dollar up to another three percent of each eligible employee's salary. Plan expenses incurred by the Organization during 2008 and 2007 were \$6,601 and \$7,032, respectively.

NOTE 6 – COMMITMENTS

The Organization currently rents office space located in Carson City for \$7,111 per month. The lease is scheduled to expire in October 2009. Future minimum lease payments are as follows:

<u>2009</u>	\$	<u>71,108</u>
-------------	----	---------------

**CARSON CITY COMMUNITY COUNSELING CENTER
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2008 AND 2007**

NOTE 6 – COMMITMENTS (Continued)

The Organization also leases a residential detoxification center from the City of Carson City for \$8,500 per month, expiring October 31, 2017. The facility required extensive renovation before it could be used as a residential treatment center. These amounts are capitalized as leasehold improvements in the financial statements (see also Note 3). Future minimum lease payments are as follows:

2009		\$	102,000
2010			102,000
2011			102,000
2012			102,000
2013			102,000
Thereafter			391,000
		\$	901,000

NOTE 7 – TEMPORARILY RESTRICTED NET ASSETS

Changes in temporarily restricted net assets were as follows:

Donor or Restricted Purpose	Balance 12/31/07	Contributed	Released	Balance 12/31/08
DUI Awareness Projects	\$ -	\$ 16,373	\$ (525)	\$ 15,848

There were no temporarily restricted net assets contributed or released for the year ended December 31, 2007.

COMPLIANCE SECTION



Certified Public Accountants
Business Advisors

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors of
Carson City Community Counseling Center
Carson City, Nevada

We have audited the financial statements of Carson City Community Counseling Center (Center) (a nonprofit organization) as of and for the year ended December 31, 2008, and have issued our report thereon dated August 12, 2009. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Center's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the organization's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles, such that there is more than a remote likelihood that a misstatement of the organization's financial statements that is more than inconsequential will not be prevented or detected by the organization's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the organization's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Center's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

We noted certain matters that we reported to management of the Center in a separate letter dated August 12, 2009.

This report is intended solely for the information and use of management, the Board of Directors, others within the entity, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Solari and Stumm, LLC

August 12, 2009



Certified Public Accountants

Business Advisors

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO THE MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

To the Board of Directors of
Carson City Community Counseling Center
Carson City, Nevada

Compliance

We have audited the compliance of the Carson City Community Counseling Center (Center) (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133 Compliance Supplement* that are applicable to its major federal program for the year ended December 31, 2008. The Center's major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to its major federal program is the responsibility of the Center's management. Our responsibility is to express an opinion on the Center's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of the Center's compliance with those requirements.

In our opinion, the Center complied, in all material respects, with the requirements referred to above that are applicable to its major federal program for the year ended December 31, 2008.

Internal Control Over Compliance

The management of the Center is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered the Center's internal control over compliance with the requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over compliance.

A *control deficiency* in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A *significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program that is more than inconsequential will not be prevented or detected by the entity's internal control.

A *material weakness* is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by the entity's internal control.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of management, the Board of Directors, others within the organization, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Solari and Sturmer, LLC

August 12, 2009

**CARSON CITY COMMUNITY COUNSELING CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2008**

Federal Grantor/Pass-through Grantor Program Title	Federal CFDA Number	Pass-through Entity Identifying Number	Federal Expenditures
U.S. Department of Health and Human Services:			
Passed through State of Nevada, Department of Human Services, Division of Mental Health and Developmental Services (MHDS), Substance Abuse Prevention and Treatment Agency (SAPTA):			
Substance Abuse Prevention and Treatment (SAPT) Block Grant	93.959	N/A	\$ 661,007
U.S. Department of Housing and Urban Development			
Passed through Carson City Economic Development / Redevelopment Department:			
Community Development Block Grant	14.218	N/A	50,932
Total federal financial assistance			\$ 711,939

NOTE A - BASIS OF ACCOUNTING

This schedule is prepared on the accrual basis of accounting.

**CARSON CITY COMMUNITY COUNSELING CENTER
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
DECEMBER 31, 2008**

SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unqualified opinion on the financial statements of Carson City Community Counseling Center (Center).
2. No significant deficiencies relating to the audit of the financial statements have been reported.
3. No instances of noncompliance material to the financial statements of the Center were disclosed during the audit.
4. No significant deficiencies relating to the audit of the major federal award program are reported in the "Report on Compliance with Requirements Applicable to the Major Program and on Internal Control over Compliance in Accordance with OMB Circular A-133."
5. The auditors' report on compliance for the major federal award program for the Center expresses an unqualified opinion.
6. As noted below, there are no audit findings that are required to be reported in accordance with Section 510(a) of OMB Circular A-133.
7. The program tested as a major program was:

Substance Abuse Prevention and Treatment (SAPT) Block Grant	CFDA # 93.959
--	---------------
8. The threshold used for distinguishing between Type A and B programs was \$300,000.
9. The Center qualified as a low-risk auditee.

FINDINGS – FINANCIAL STATEMENT AUDIT

None.

FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL PROGRAM AUDIT

None.

**CARSON CITY COMMUNITY COUNSELING CENTER
SUMMARY SCHEDULE OF PRIOR YEAR FINDINGS
DECEMBER 31, 2008**

There were no audit findings reported for the year ended December 31, 2007.

Filing Instructions

Prepared for:

CARSON CITY COMMUNITY COUNSELING CEN
205 SO PRATT STREET
CARSON CITY, NV 89701

Prepared by:

SOLARI AND STURMER, LLC
500 DAMONTE RANCH PARKWAY, SUITE 1008
RENO, NEVADA 89521

2008 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2008** calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
CARSON CITY COMMUNITY COUNSELING CENTER
Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
205 SO PRATT STREET

City or town, state or country, and ZIP + 4
CARSON CITY, NV 89701

D Employer identification number
88-0212354

E Telephone number
775-882-3945

F Name and address of principal officer: **MARY BRYAN**
SAME AS C ABOVE

G Gross receipts \$ **2,227,021.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.COMMUNITYCC.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1998** **M** State of legal domicile: **NV**

Part I Summary

Activities & Governance			
1 Briefly describe the organization's mission or most significant activities: PREVENT ALCOHOL AND DRUG ABUSE IN CARSON CITY, NV AND SURROUNDING AREAS.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	61
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,204,468.	1,506,378.
9	Program service revenue (Part VIII, line 2g)	610,347.	696,292.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,003.	-50.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,292.	22,766.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,832,110.	2,225,386.
Expenses		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,187,948.	1,487,184.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 31,234.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	641,770.	652,604.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,829,718.	2,139,788.
19	Revenue less expenses. Subtract line 18 from line 12	2,392.	85,598.
Net Assets or Fund Balances		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	342,153.	413,203.
21	Total liabilities (Part X, line 26)	133,809.	119,171.
22	Net assets or fund balances. Subtract line 21 from line 20	208,344.	294,032.

Part III Signature Block

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 Here

Signature of officer: **MARY BRYAN, EXECUTIVE DIRECTOR** Date: _____
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **SOLARI AND STURMER, LLC**
500 DAMONTE RANCH PARKWAY, SUITE 1008
RENO, NEVADA 89521
 Check if self-employed Preparer's identifying number (see instructions): _____
 EIN ▶ _____ Phone no. ▶ **(775) 827-3550**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

PREVENT ALCOHOL AND DRUG ABUSE IN CARSON CITY, NV AND SURROUNDING AREAS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 949,877. including grants of \$ 741,700.) (Revenue \$ 304,596.) PROVIDED OUTPATIENT DRUG AND ALCOHOL ABUSE COUNSELING.

4b (Code:) (Expenses \$ 856,217. including grants of \$ 704,376.) (Revenue \$ 18,470.) OPERATED A RESIDENTIAL DETOXIFICATION CENTER

4c (Code:) (Expenses \$ 228,572. including grants of \$ 412,659.) (Revenue \$ 1,638.) COUNSELED INDIVIDUALS IN DRUG COURT PROGRAM

4d Other program services. (Describe in Schedule O.) (Expenses \$ 525. including grants of) (Revenue \$ 20,875.)

4e Total program service expenses \$ 2,035,191. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	0		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
1c			
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	61		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4968?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
10b			
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year: N/A	12b	
12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
	1a		10
b	Enter the number of voting members that are independent		
	1b		9
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?		X
b	Other officers or key employees of the organization?		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 775-882-3945**
205 SO PRATT STREET, CARSON CITY, NV 89701

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TERI ZUTTER DIRECTOR		X					0.	0.	0.	
EDWARD LYNN, MD DIRECTOR		X					0.	0.	0.	
DR URSULA CARLSON TREASURER		X		X			0.	0.	0.	
TOM PERKINS PRESIDENT		X		X			0.	0.	0.	
DR MARY PIERCZYNSKI DIRECTOR		X					0.	0.	0.	
SEVERIN CARLSON DIRECTOR		X					0.	0.	0.	
NOEL WATERS, ESQ DIRECTOR		X					0.	0.	0.	
SCOTT SHICK VICE-PRESIDENT		X		X			0.	0.	0.	
HELAINÉ JESSE DIRECTOR		X					0.	0.	0.	
MARY BRYAN ADMINISTRATOR	40.00			X	X		95,334.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							95,334.	0.	0.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1450053.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	56,325.				
	g	Noncash contributions included in lines 1e-1f: \$						
	h	Total. Add lines 1a-1f		1,506,378.				
	Program Service Revenue	2 a	DRUG COURT	Business Code 624100	413,409.	413,409.		
b		COUNSELING SERVICES	624100	282,883.	282,883.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		696,292.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,585.			1,585.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses		1,635.			
		c	Gain or (loss)		-1,635.			
		d	Net gain or (loss)		-1,635.	-1,635.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	22,156.				
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events		22,156.	22,156.		
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS	900099	610.			610.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		610.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,225,386.	716,813.	0.	2,195.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	95,334.	71,500.	23,834.	
7 Other salaries and wages	1,150,551.	1,110,931.	25,432.	14,188.
8 Pension plan contributions (Include section 401(k) and section 403(b) employer contributions)	133,622.	130,563.	1,706.	1,353.
9 Other employee benefits				
10 Payroll taxes	107,677.	102,223.	4,319.	1,135.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,125.	2,125.		
12 Advertising and promotion	16,744.	16,206.	377.	161.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	174,390.	172,917.	1,473.	
17 Travel	10,434.	10,185.	249.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,056.	24,056.		
20 Interest	959.		959.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,641.	14,428.	7,213.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	207,891.	207,373.	181.	337.
b BAD DEBTS	56,426.	56,426.		
c CONTRACT SERVICES	27,194.	27,194.		
d PROFESSIONAL SERVICES	23,314.	17,039.	6,275.	
e REPAIRS AND MAINTENANCE	16,128.	16,083.	45.	
f All other expenses	71,302.	55,942.	1,300.	14,060.
25 Total functional expenses. Add lines 1 through 24f	2,139,788.	2,035,191.	73,363.	31,234.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	80,455.	1	79,319.
	2	Savings and temporary cash investments	42,347.	2	93,432.
	3	Pledges and grants receivable, net	103,776.	3	111,589.
	4	Accounts receivable, net	22,171.	4	19,343.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	21,136.	9	30,092.
	10a	Land, buildings, and equipment: cost basis	170,420.	10a	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	93,539.	10b	
			69,721.	10c	76,881.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	2,547.	15	2,547.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	342,153.	16	413,203.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	114,660.	23	100,046.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	19,149.	25	19,125.
	26	Total liabilities. Add lines 17 through 25	133,809.	26	119,171.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	208,344.	27	277,659.
	28	Temporarily restricted net assets		28	16,373.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	208,344.	33	294,032.	
34	Total liabilities and net assets/fund balances	342,153.	34	413,203.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **CARSON CITY COMMUNITY COUNSELING CENTER** Employer identification number **88-0212354**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,098,861.	931,753.	920,767.	1,204,468.	1,056,378.	5,212,227.
2 Tax revenues levied for the organization'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 - 3	1,098,861.	931,753.	920,767.	1,204,468.	1,056,378.	5,212,227.
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)						
6 Public Support. Subtract line 5 from line 4.						5,212,227.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,098,861.	931,753.	920,767.	1,204,468.	1,056,378.	5,212,227.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	202.	504.	84.	1,003.	1,585.	3,378.
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 IV.)	144.	66.	64.	315.	610.	1,199.
11 Total support. Add lines 7 through 10						5,216,804.
12 Gross receipts from related activities, etc. (see instructions)					12	3,117,670.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.91 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.97 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

CARSON CITY COMMUNITY COUNSELING CENTER

88-0212354

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

CARSON CITY COMMUNITY COUNSELING CENTER

88-0212354

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CARSON CITY ECON. DEVELOPM'T 201 NO. CARSON STR CARSON CITY, NV 89701	\$ 48,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CITY OF CARSON CITY 201 NO. CARSON STR CARSON CITY, NV 89701	\$ 69,321.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE OF NV 205 E. KING STR, # 500 CARSON CITY, NV 89701	\$ 1,299,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

CARSON CITY COMMUNITY COUNSELING CENTER

Employer identification number

88-0212354

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values, rows 5-6 for yes/no questions.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		170,420.	93,539.	76,881.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				76,881.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
COMPENSATED ABSENCES	16,735.	
PAYROLL LIABILITIES	1,997.	
CREDIT CARD LIABILITIES	393.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	19,125.	

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,225,386.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,139,788.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	85,598.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	90.
9	Total adjustments (net). Add lines 4-8	9	90.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	85,688.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,227,021.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,227,021.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-1,635.
c	Add lines 4a and 4b	4c	-1,635.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,225,386.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,141,333.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	1,545.
e	Add lines 2a through 2d	2e	1,545.
3	Subtract line 2e from line 1	3	2,139,788.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,139,788.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TAX DEPRECIATION EXPENSE: -1545.

LOSS ON DISPOSITION OF ASSETS: 1635.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSITION OF ASSETS: -1635.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	22,156.		22,156.	
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	22,156.		22,156.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	31,234.		31,234.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(31,234.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-9,078.

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

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

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility **13a** %

b An outside facility **13b** %

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

Name ▶ _____

Address ▶ _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address:

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?

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

Yes No

15a

17a

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CARSON CITY COMMUNITY COUNSELING CENTER

Employer identification number

88-0212354

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

DUI VICTIM IMPACT PROGRAM

EXPENSES \$ 525. INCLUDING GRANTS OF \$ 0. REVENUE \$ 20875.

FORM 990, PART VI, SECTION A, LINE 10: THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

NO CHANGE FROM THE PRIOR YEAR.

Depreciation and Amortization 990
(Including Information on Listed Property)

2008

Attachment
Sequence No. 67

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CARSON CITY COMMUNITY COUNSELING CENTER FORM 990 PAGE 10 88-0212354

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21,641.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	21,641.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
	:	:			
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning _____, 2008, and ending _____, 20__

2008

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Name of exempt organization

Employer identification number

CARSON CITY COMMUNITY COUNSELING CENTER

88-0212354

Name and title of officer

**MARY BRYAN
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>2225386</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SOLARI AND STURMER, LLC to enter my PIN 12354
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 88024090053
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Community Counseling Center Profit & Loss Budget Overview January through December 2010

	Jan - Dec 10
Ordinary Income/Expense	
Income	
3020 · SAPTA Grant	1,170,400.00
3030 · Client Income	320,000.00
3032 · Client Income from Collections	5,000.00
3040 · Donations	25,000.00
3050 · Fund Raising	5,000.00
3070 · United Way	5,950.00
3075 · United Way - CFC	250.00
3087 · CC Dependency Court Council	12,000.00
3088 · Comm Development Block Grant	34,255.00
3090 · Comm Services Grant	49,500.00
3094 · Community Services COPS Grant	
3094-1 · COPS - Adult/Juvenile Evals	8,000.00
3094 · Community Services COPS Grant - Other	75,000.00
Total 3094 · Community Services COPS Grant	83,000.00
3095 · Douglas County Grant	10,000.00
3097 · Drug Court Grant	
3097-3 · Drug Court ADEP	1,500.00
3097 · Drug Court Grant - Other	393,650.00
Total 3097 · Drug Court Grant	395,150.00
3098 · Interest Income	1,000.00
3099 · Miscellaneous Income	500.00
Total Income	2,117,005.00
Expense	
4000 · Payroll	
4001 · Salaries	423,000.00
4010 · Company FICA	32,360.00
4012 · Company Workman's Comp	1,105.00
4013 · Company NESD	3,870.00
4020 · Company Health Ins	24,308.00
4050 · SIMPLE/Employer Paid	14,320.00
Total 4000 · Payroll	498,963.00
4200 · SAPTA Grant Expenses	
4005 · SAPTA Salaries	804,599.00
4006 · SAPTA Company FICA	61,552.00
4007 · SAPTA Company NESD	7,563.00
4008 · SAPTA Company Workman's Comp	9,655.00
4021 · SAPTA Company Health Insurance	102,800.00
4205 · SAPTA Rent/Office	99,600.00
4211 · SAPTA Liability & General Insur	6,443.00
4236 · SAPTA Fees	7,000.00
4241 · SAPTA Professional Services	7,375.00
4285 · SAPTA Residential Food Expenses	6,813.00
4200 · SAPTA Grant Expenses - Other	57,000.00
Total 4200 · SAPTA Grant Expenses	1,170,400.00
4300 · Drug Court Grant Expenses	
4305 · Salaries	81,872.00
4306 · FICA/Medicare	5,116.00
4307 · Company NESD	243.00
4308 · Company Workman's Comp	375.00
4311 · Health Insurance	6,720.00
4315 · Telephone	3,000.00
4325 · Office	750.00
4331 · Supplies	250.00
4332 · Postage	70.00
4335 · Dues & Subscriptions	75.00
4336 · Fees	0.00
4338 · Payroll Service	220.00
4350 · SIMPLE/Employer Paid	2,006.00
4351 · Staff Training	500.00
4360 · Travel	7,000.00

Community Counseling Center Profit & Loss Budget Overview January through December 2010

	Jan - Dec 10
4368 · UA Supplies	56,103.00
4370 · Drug Court Reimbursements	76,250.00
4371 · Ct Expense/Supplies	39,600.00
4378 · Ct Education	3,500.00
Total 4300 · Drug Court Grant Expenses	283,650.00
4500 · Operating Expenses	
4511 · Insurance/Building	4,750.00
4512 · Insurance/Auto	1,200.00
4515 · Telephone	12,500.00
4516 · Utilities	9,500.00
4518 · Advertising & Promotion	1,500.00
4519 · Storage Rent	474.00
4520 · Equipment Lease	3,000.00
4521 · Repairs & Maintenance	6,200.00
4525 · Office Expense	7,500.00
4526 · Computer Expense	4,535.00
4530 · Printing/Copying	4,500.00
4531 · Supplies	4,000.00
4532 · Postage	4,000.00
4535 · Dues & Subscriptions	1,500.00
4536 · Fees	8,500.00
4537 · Bank Charges	50.00
4538 · Payroll Service Expense	5,100.00
4541 · Professional Services	6,500.00
4542 · Staff Development	7,500.00
4543 · Contract Labor	21,000.00
4545 · Fund Raising Expense	1,000.00
4546 · Donations	1,000.00
4551 · Staff Train/Certification	12,000.00
4553 · Insurance/Professional	250.00
4560 · Travel	3,100.00
4570 · Medical Supplies	650.00
4571 · Ct Expense/Supplies	2,000.00
4578 · Ct/Public Education	5,000.00
4580 · Residential Maint & Supplies	6,000.00
4585 · Residential Supplemental Food	15,000.00
4599 · Miscellaneous Expense	500.00
Total 4500 · Operating Expenses	160,309.00
7000 · Finance Charge & Fees	425.00
Total Expense	2,113,747.00
Net Ordinary Income	3,258.00
Other Income/Expense	
Other Expense	
8000 · Interest Expense	3,258.00
Total Other Expense	3,258.00
Net Other Income	-3,258.00
Net Income	0.00

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

Name of Organization: Community Counseling Center

Program/Project: Community Counseling Center Assessments and Treatment

Amount of Funds Received \$ 49,500

Contact Person: Mary Bryan

Mailing Address: 205 S Pratt Ave

City: Carson City State: NV Zip Code: 89701

Phone Number: 775.450.9001 E-mail: meadowmary@aol.com

Date Submitted: _____

1. 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 Counseling Center met almost all of its goals for the 2009 - 2010 Support Services Grant. In some cases, we dramatically exceeded the goals we had set.

The agency intended to provide at least 150 evaluations for the judicial system and it provided more than twice that number.

The Center agreed to maintain a minimum of 12 recovery groups per week and it provided 29 groups.

Case management has been provided for 88 drug court clients.

On 7/16/09 the number of residential beds at 900 E Long St facility was reduced due to a funding cut by the Substance Abuse Prevention and Treatment Agency. Our goal for the grant last year was to have at least 20 beds available and that number was reduced to 18.

Case management has continued with each client being required to participate in at least one session per month to review their recovery program, their goals and objectives and methods they are using to move forward in a positive direction.

Community Counseling Center
205 South Pratt Street
Carson City, Nevada 89701
January 1, 2009-December 31, 2009

Individual Alcohol/Drug Clients Served	2140	
Group Alcohol/Drug Clients Served	14978	
Group IOP Alcohol/Drug Clients	9111	
TOTAL ADULT ALCOHOL/DRUG CLIENTS SERVED		26,229
Percent clients remaining alcohol/drug free	95%	
Percent clients attending AA/NA meetings	97%	
Alcohol/Drug Assessments		1,643
<hr/>		
Adolescents(Carson City)		
Individual	519	
Group	1595	
IOP Group	2654	
Carson City Adolescent Assessments		236
Adolescents(Douglas County)		
Individual	30	
Group	60	
Douglas County Adolescent Assessments		17
Alcohol/Drug Education Program(ADEP)		
Done On:		
Adult Units of Service	71	
Adolescent Units of Service	135	
Total Adolescent Units of Service		5,317
<hr/>		
Residential Services		
Detoxification/Level 111.2	2445	
Level III.3 Residential	2485	
<hr/>		
TOTAL AOD CLIENTS SERVED		38,119
<hr/>		
Group Anger Management/Battery Intervention Clients	1177	
Individual Co-Dependent Clients Served	242	
Marriage and Family Sessions	271	
Number of Individual Seen	432	
Individual Children Seen	68	
<hr/>		
TOTAL UNITS OF SERVICE FOR THIS PERIOD		40,309
<hr/>		
Unduplicated Client Count		
Unduplicated SAPTA Client Count Only		
Outpatient/Intensive Outpatient	595	
Residential/Detox	509	
<hr/>		
Number of Alcohol/Drug Clients Discharged	1214	
Number of Alcohol/Drug Clients Discharged, Successfully Completing	1103	
Percentage Successful Discharges	91%	

Satisfaction Surveys were sent to all 1214 of those discharged from treatment services during this Year. Of 319 discharged respondents, the following information was provided:

Very Satisfied 171/ 53% Satisfied 139/45%/ Dissatisfied 9/2%

Community Counseling Center
Profit & Loss Budget vs. Actual
 January through December 2009

	Jan - Dec 09	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
3020 · SAPTA Grant	1,177,402.48	1,267,992.00	-90,589.52	92.9%
3030 · Client Income	318,448.96	275,000.00	43,448.96	115.8%
3032 · Client Income from Collections	4,895.74	6,000.00	-1,104.26	81.6%
3040 · Donations	23,787.00	20,000.00	3,787.00	118.9%
3050 · Fund Raising	4,951.00	22,000.00	-17,049.00	22.5%
3065 · Victim Impact Program	16,128.00	48,000.00	-31,872.00	33.6%
3070 · United Way	12,375.00	18,800.00	-6,425.00	65.8%
3075 · United Way - CFC	242.76	700.00	-457.24	34.7%
3088 · Comm Development Block Grant	32,538.23	33,932.00	-1,393.77	95.9%
3090 · Comm Services Grant	49,500.00	49,500.00	0.00	100.0%
3094 · Community Services COPS Grant				
3094-1 · COPS - Adult/Juvenile Evals	7,700.00	1,760.00	5,940.00	437.5%
3094 · Community Services COPS Grant - Other	87,571.48	75,000.00	12,571.48	116.8%
Total 3094 · Community Services COPS Grant	95,271.48	76,760.00	18,511.48	124.1%
3095 · Douglas County Grant	0.00	5,000.00	-5,000.00	0.0%
3097 · Drug Court Grant				
3097-3 · Drug Court ADEP	1,428.00	2,880.00	-1,452.00	49.6%
3097 · Drug Court Grant - Other	353,490.00	393,650.00	-40,160.00	89.8%
Total 3097 · Drug Court Grant	354,918.00	396,530.00	-41,612.00	89.5%
3098 · Interest Income	918.50	1,000.00	-81.50	91.9%
3099 · Miscellaneous Income	672.27			
Total Income	2,092,049.42	2,221,214.00	-129,164.58	94.2%
Expense				
4000 · Payroll				
4001 · Salaries	453,923.05	347,600.00	106,323.05	130.6%
4010 · Company FICA	35,025.58	25,827.00	9,198.58	135.6%
4012 · Company Workman's Comp	3,013.75	360.00	2,653.75	837.2%
4013 · Company NESD	-288.11			
4020 · Company Health Ins	12,368.66	5,500.00	6,868.66	224.9%
4050 · SIMPLE/Employer Paid	14,027.47	6,800.00	7,227.47	206.3%
Total 4000 · Payroll	518,070.40	386,087.00	131,983.40	134.2%
4200 · SAPTA Grant Expenses				
4005 · SAPTA Salaries	811,593.00	866,765.50	-55,172.50	93.6%
4006 · SAPTA Company FICA	62,086.64	66,308.00	-4,221.36	93.6%
4007 · SAPTA Company NESD	10,274.97	13,002.00	-2,727.03	79.0%
4008 · SAPTA Company Workman's Comp	7,746.97	8,281.00	-534.03	93.6%
4021 · SAPTA Company Health Insurance	130,777.34	124,209.00	6,568.34	105.3%
4205 · SAPTA Rent/Office	128,371.52	171,491.00	-43,119.48	74.9%
4211 · SAPTA Liability & General Insur	6,443.20	6,000.00	443.20	107.4%
4236 · SAPTA Fees	0.00	3,500.00	-3,500.00	0.0%
4241 · SAPTA Professional Services	11,600.00	8,435.50	3,164.50	137.5%
4285 · SAPTA Residential Food Expenses	1,413.01			
Total 4200 · SAPTA Grant Expenses	1,170,306.65	1,267,992.00	-97,685.35	92.3%
4300 · Drug Court Grant Expenses				
4305 · Salaries	56,789.88	56,720.00	69.88	100.1%
4306 · FICA/Medicare	4,242.96	4,339.00	-96.04	97.8%
4307 · Company NESD	318.13	381.00	-62.87	83.5%
4308 · Company Workman's Comp	412.08	340.00	72.08	121.2%
4311 · Health Insurance	6,652.97	6,600.00	52.97	100.8%
4315 · Telephone	2,939.07	6,000.00	-3,060.93	49.0%
4325 · Office	732.65	500.00	232.65	146.5%
4331 · Supplies	226.50	1,500.00	-1,273.50	15.1%
4332 · Postage	46.20	42.00	4.20	110.0%
4335 · Dues & Subscriptions	60.00	100.00	-40.00	60.0%
4338 · Payroll Service	212.59	175.00	37.59	121.5%
4350 · SIMPLE/Employer Paid	1,484.07			
4351 · Staff Training	250.00	1,000.00	-750.00	25.0%
4360 · Travel	6,998.14	7,000.00	-1.86	100.0%
4368 · UA Supplies	56,098.33	64,103.00	-8,004.67	87.5%
4370 · Drug Court Reimbursements	74,330.00	191,250.00	-116,920.00	38.9%

Community Counseling Center
Profit & Loss Budget vs. Actual
 January through December 2009

	Jan - Dec 09	Budget	\$ Over Budget	% of Budget
4371 · Ct Expense/Supplies	24,594.90	41,600.00	-17,005.10	59.1%
4378 · Ct Education	525.00	12,000.00	-11,475.00	4.4%
Total 4300 · Drug Court Grant Expenses	236,913.47	393,650.00	-156,736.53	60.2%
4500 · Operating Expenses				
4505 · Rent	15,288.58	3,600.00	11,688.58	424.7%
4511 · Insurance/Bulding	4,756.60	4,750.00	6.60	100.1%
4512 · Insurance/Auto	1,166.20	750.00	416.20	155.5%
4515 · Telephone	12,632.87	7,400.00	5,232.87	170.7%
4516 · Utilities	9,292.97	10,000.00	-707.03	92.9%
4518 · Advertising & Promotion	1,702.78	2,000.00	-297.22	85.1%
4519 · Storage Rent	0.00	474.00	-474.00	0.0%
4520 · Equipment Lease	2,931.98			
4521 · Repairs & Maintenance	6,199.11	7,250.00	-1,050.89	85.5%
4525 · Office Expense	7,561.24	14,550.00	-6,988.76	52.0%
4526 · Computer Expense	4,699.66	1,500.00	3,199.66	313.3%
4530 · Printing/Copying	4,810.72	6,550.00	-1,739.28	73.4%
4531 · Supplies	3,867.30	5,335.00	-1,467.70	72.5%
4532 · Postage	3,601.76	5,840.00	-2,238.24	61.7%
4535 · Dues & Subscriptions	1,336.80	1,940.00	-603.20	68.9%
4536 · Fees	8,564.67	7,700.00	864.67	111.2%
4537 · Bank Charges	42.00	40.00	2.00	105.0%
4538 · Payroll Service Expense	5,015.90	3,800.00	1,215.90	132.0%
4541 · Professional Services	6,441.30	9,000.00	-2,558.70	71.6%
4542 · Staff Development	7,726.70	5,000.00	2,726.70	154.5%
4543 · Contract Labor	35,795.50	30,000.00	5,795.50	119.3%
4545 · Fund Raising Expense	732.43	4,035.00	-3,302.57	18.2%
4546 · Donations	1,148.59	200.00	948.59	574.3%
4551 · Staff Train/Certification	11,748.99	11,400.00	348.99	103.1%
4553 · Insurance/Professional	234.00	1,700.00	-1,466.00	13.8%
4560 · Travel	3,035.45	4,000.00	-964.55	75.9%
4570 · Medical Supplies	642.42	700.00	-57.58	91.8%
4571 · Ct Expense/Supplies	1,797.14			
4578 · Ct/Public Education	13,394.90			
4580 · Residential Maint & Supplies	10,042.15	7,251.00	2,791.15	138.5%
4585 · Residential Supplemental Food	21,854.84	14,600.00	7,254.84	149.7%
4599 · Miscellaneous Expense	479.83			
Total 4500 · Operating Expenses	208,545.38	171,365.00	37,180.38	121.7%
4600 · EAP Program	1,350.60	2,000.00	-649.40	67.5%
7000 · Finance Charge & Fees	425.03	120.00	305.03	354.2%
Total Expense	2,135,611.53	2,221,214.00	-85,602.47	96.1%
Net Ordinary Income	-43,562.11	0.00	-43,562.11	100.0%
Other Income/Expense				
Other Expense				
8000 · Interest Expense	4,193.27			
Total Other Expense	4,193.27			
Net Other Income	-4,193.27	0.00	-4,193.27	100.0%
Net Income	-47,755.38	0.00	-47,755.38	100.0%

Community Counseling Center
Profit & Loss Class
 January through December 2009

	CCC-Outpatient	Residential	Transitional	Drug Court (Grants)	CDBG (Grants)	COPS (Grants)	VIP (Grants)	Total Grants	Fundraising	TOTAL
Ordinary Income/Expense										
Income										
3020 · SAPTA Grant	496,720.66	680,681.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,177,402.48
3030 · Client Income	215,009.65	38,619.31	280.00	64,540.00	0.00	0.00	0.00	64,540.00	0.00	318,448.96
3032 · Client Income from Collections	4,895.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,895.74
3040 · Donations	14,147.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,640.00	23,787.00
3050 · Fund Raising	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,951.00	4,951.00
3065 · Victim Impact Program	0.00	0.00	0.00	0.00	0.00	0.00	16,128.00	16,128.00	0.00	16,128.00
3070 · United Way	12,375.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,375.00
3075 · United Way - CFC	242.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	242.76
3088 · Comm Development Block Grant	0.00	0.00	0.00	0.00	32,538.23	0.00	0.00	32,538.23	0.00	32,538.23
3089 · Comm Service Youth Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3090 · Comm Services Grant	20,000.00	29,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	49,500.00
3094 · Community Services COPS Grant										
3094-1 · COPS - Adult/Juvenile Evals	7,700.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,700.00
3094 · Community Services COPS Grant - Other	0.00	0.00	0.00	0.00	0.00	87,571.48	0.00	87,571.48	0.00	87,571.48
Total 3094 · Community Services COPS Grant	7,700.00	0.00	0.00	0.00	0.00	87,571.48	0.00	87,571.48	0.00	95,271.48
3097 · Drug Court Grant										
3097-3 · Drug Court ADEP	1,020.00	0.00	0.00	408.00	0.00	0.00	0.00	408.00	0.00	1,428.00
3097 · Drug Court Grant - Other	0.00	0.00	0.00	353,490.00	0.00	0.00	0.00	353,490.00	0.00	353,490.00
Total 3097 · Drug Court Grant	1,020.00	0.00	0.00	353,898.00	0.00	0.00	0.00	353,898.00	0.00	354,918.00
3098 · Interest Income	918.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	918.50
3099 · Miscellaneous Income	672.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	672.27
Total Income	773,701.58	748,801.13	280.00	418,438.00	32,538.23	87,571.48	16,128.00	554,675.71	14,591.00	2,092,049.42
Expense										
4000 · Payroll										
4001 · Salaries	304,521.51	58,836.94	0.00	0.00	21,173.60	69,391.00	0.00	90,564.60	0.00	453,923.05
4010 · Company FICA	22,885.25	5,212.15	0.00	0.00	1,619.77	5,308.41	0.00	6,928.18	0.00	35,025.58
4012 · Company Workman's Comp	1,914.27	647.65	0.00	0.00	94.54	357.29	0.00	451.83	0.00	3,013.75
4013 · Company NESD	476.83	-1,155.75	0.00	0.00	71.61	319.20	0.00	390.81	0.00	-288.11
4020 · Company Health Ins	2,301.83	-489.02	0.00	0.00	3,903.00	6,652.85	0.00	10,555.85	0.00	12,368.66
4050 · SIMPLE/Employer Paid	10,241.98	3,452.15	0.00	0.00	333.34	0.00	0.00	333.34	0.00	14,027.47
Total 4000 · Payroll	342,341.67	66,504.12	0.00	0.00	27,195.86	82,028.75	0.00	109,224.61	0.00	518,070.40

**Community Counseling Center
Profit & Loss by Class
January through December 2009**

	CCC-Outpatient	Residential	Transitional	Drug Court (Grants)	CDBG (Grants)	COPS (Grants)	VIP (Grants)	Total Grants	Fundraising	TOTAL
4200 · SAPTA Grant Expenses										
4005 · SAPTA Salaries	325,568.00	486,025.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	811,593.00
4006 · SAPTA Company FICA	24,915.48	37,171.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62,086.64
4007 · SAPTA Company NESD	4,119.70	6,155.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,274.97
4008 · SAPTA Company Workman's Comp	3,139.02	4,607.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,746.97
4021 · SAPTA Company Health Insurance	54,826.78	75,950.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130,777.34
4205 · SAPTA Rent/Office	82,271.52	46,100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	128,371.52
4211 · SAPTA Liability & General Insur	2,983.20	3,460.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,443.20
4241 · SAPTA Professional Services	2,600.00	9,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,600.00
4285 · SAPTA Residential Food Expenses	0.00	1,413.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,413.01
Total 4200 · SAPTA Grant Expenses	500,423.70	669,882.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,170,306.65
4300 · Drug Court Grant Expenses										
4305 · Salaries	0.00	0.00	0.00	56,789.88	0.00	0.00	0.00	56,789.88	0.00	56,789.88
4306 · FICA/Medicare	0.00	0.00	0.00	4,242.96	0.00	0.00	0.00	4,242.96	0.00	4,242.96
4307 · Company NESD	0.00	0.00	0.00	318.13	0.00	0.00	0.00	318.13	0.00	318.13
4308 · Company Workman's Comp	0.00	0.00	0.00	412.08	0.00	0.00	0.00	412.08	0.00	412.08
4311 · Health Insurance	0.00	0.00	0.00	6,652.97	0.00	0.00	0.00	6,652.97	0.00	6,652.97
4315 · Telephone	0.00	0.00	0.00	2,939.07	0.00	0.00	0.00	2,939.07	0.00	2,939.07
4325 · Office	0.00	0.00	0.00	732.65	0.00	0.00	0.00	732.65	0.00	732.65
4331 · Supplies	0.00	0.00	0.00	226.50	0.00	0.00	0.00	226.50	0.00	226.50
4332 · Postage	5.00	0.00	0.00	41.20	0.00	0.00	0.00	41.20	0.00	46.20
4335 · Dues & Subscriptions	0.00	0.00	0.00	60.00	0.00	0.00	0.00	60.00	0.00	60.00
4336 · Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4338 · Payroll Service	5.08	0.00	0.00	207.51	0.00	0.00	0.00	207.51	0.00	212.59
4350 · SIMPLE/Employer Paid	0.00	0.00	0.00	1,484.07	0.00	0.00	0.00	1,484.07	0.00	1,484.07
4351 · Staff Training	0.00	0.00	0.00	250.00	0.00	0.00	0.00	250.00	0.00	250.00
4360 · Travel	0.00	0.00	0.00	6,998.14	0.00	0.00	0.00	6,998.14	0.00	6,998.14
4368 · UA Supplies	1,759.25	682.00	0.00	53,657.08	0.00	0.00	0.00	53,657.08	0.00	56,098.33
4370 · Drug Court Reimbursements	0.00	0.00	0.00	74,330.00	0.00	0.00	0.00	74,330.00	0.00	74,330.00
4371 · Ct Expense/Supplies	2,930.13	185.63	0.00	21,479.14	0.00	0.00	0.00	21,479.14	0.00	24,594.90
4378 · Ct Education	0.00	0.00	0.00	525.00	0.00	0.00	0.00	525.00	0.00	525.00
Total 4300 · Drug Court Grant Expenses	4,699.46	867.63	0.00	231,346.38	0.00	0.00	0.00	231,346.38	0.00	236,913.47
4500 · Operating Expenses										
4505 · Rent	1,736.58	13,552.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,288.58
4511 · Insurance/Building	2,378.30	2,378.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,756.60
4512 · Insurance/Auto	0.00	1,166.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,166.20
4515 · Telephone	8,222.08	4,410.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,632.87
4516 · Utilities	9,292.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,292.97
4518 · Advertising & Promotion	464.98	577.42	0.00	0.00	0.00	0.00	660.38	660.38	0.00	1,702.78
4520 · Equipment Lease	0.00	2,931.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,931.98
4521 · Repairs & Maintenance	2,415.43	3,783.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,199.11
4525 · Office Expense	5,685.73	1,875.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,561.24
4526 · Computer Expense	3,140.28	1,559.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,699.66
4530 · Printing/Copying	2,419.60	2,391.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,810.72
4531 · Supplies	2,842.66	1,024.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,867.30

Community Counseling Center
Profit & Loss by Class
 January through December 2009

	CCC-Outpatient	Residential	Transitional	Drug Court (Grants)	CDBG (Grants)	COPS (Grants)	VIP (Grants)	Total Grants	Fundraising	TOTAL
4532 · Postage	3,601.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,601.76
4535 · Dues & Subscriptions	743.35	573.50	0.00	0.00	0.00	0.00	0.00	0.00	19.95	1,336.80
4536 · Fees	2,904.50	5,660.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,564.67
4537 · Bank Charges	42.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42.00
4538 · Payroll Service Expense	2,574.35	2,340.06	0.00	0.00	40.22	61.27	0.00	101.49	0.00	5,015.90
4541 · Professional Services	4,481.30	1,960.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,441.30
4542 · Staff Development	4,831.08	2,895.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,726.70
4543 · Contract Labor	11,964.75	9,378.75	0.00	14,452.00	0.00	0.00	0.00	14,452.00	0.00	35,795.50
4545 · Fund Raising Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	732.43	732.43
4546 · Donations	148.59	0.00	0.00	0.00	0.00	0.00	1,000.00	1,000.00	0.00	1,148.59
4551 · Staff Train/Certification	5,129.52	5,687.47	0.00	0.00	0.00	932.00	0.00	932.00	0.00	11,748.99
4553 · Insurance/Professional	117.00	117.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	234.00
4560 · Travel	1,763.59	861.78	0.00	0.00	0.00	410.08	0.00	410.08	0.00	3,035.45
4570 · Medical Supplies	10.49	631.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	642.42
4571 · Ct Expense/Supplies	717.42	1,079.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,797.14
4578 · Ct/Public Education	1,064.25	270.69	0.00	0.00	0.00	0.00	12,059.96	12,059.96	0.00	13,394.90
4580 · Residential Maint & Supplies	263.40	9,778.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,042.15
4585 · Residential Supplemental Food	0.00	21,854.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,854.84
4599 · Miscellaneous Expense	479.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	479.83
Total 4500 · Operating Expenses	79,409.26	98,741.30	0.00	14,452.00	40.22	1,403.35	13,720.34	29,615.91	752.38	208,518.85
4600 · EAP Program	1,116.60	234.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,350.60
7000 · Finance Charge & Fees	187.95	237.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	425.03
Total Expense	928,205.17	836,467.08	0.00	245,798.38	27,236.08	83,432.10	13,720.34	370,186.90	752.38	2,135,611.53
Net Ordinary Income	-154,503.59	-87,665.95	280.00	172,639.62	5,302.15	4,139.38	2,407.66	184,488.81	13,838.62	-43,562.11
Other Income/Expense										
Other Expense										
8000 · Interest Expense	763.72	3,429.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,193.27
Total Other Expense	763.72	3,429.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,193.27
Net Other Income	-763.72	-3,429.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-4,193.27
Net Income	-155,267.31	-91,095.50	280.00	172,639.62	5,302.15	4,139.38	2,407.66	184,488.81	13,838.62	-47,755.38