



Carson City, A Consolidated Municipality

Application for

**Community Support Services Funding**  
Fiscal Year 2010-2011

Name of Organization: Ormsby ARC

Amount Requested: \$13,950.

Contact Person: Mary Winkler

Mailing Address: P. O. Box 491

City: Carson City State: NV Zip Code: 89702

Phone Number: (775)882-8520 E-mail: mary@ormsbyarc.org

501(c)3 Taxpayer I.D. Number: 88 0106559

Date Submitted: February 24, 2010

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

Carson City Community Support Services  
**APPLICATION FOR GRANT FUNDS**  
Fiscal Year 2010-2011

**Organization Information**

1. What is the overall purpose or goal of your organization?

We are committed to securing for people with mental retardation and other disabilities the opportunities to choose and realize their goals of where and how they learn, live, work and play. This commitment may be extended to other persons with special needs. It is our vision to enrich the lives and choices of persons with disabilities.

2. How long has your organization been in existence? 41 Years 6 Months

How long has your organization been in Carson City? 41 Years 6 Months

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

Programs include Supported Living, Job Training, Job Placement, Job Coaching and Follow-along, and Advocacy Services. An integral part of our programs is to help people become part of the community and increase their self-sufficiency.

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

# of Youth \_\_\_\_\_ # of Adults 70-80 # of Seniors 5

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

# of Youth \_\_\_\_\_ # of Adults 70-80 # of Seniors 5

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

# of full-time employees 5 # of part-time employees 8

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 13

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

Governed by a 9-13 member Board of Directors elected by the membership. The Board hires an Executive Director to manage the programs.

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

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Paul Ferrin	President	775-883-1672

## **Program/Proposal Information**

10. Amount of funds requested? \$ **13,950.**
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 program proposal is to maintain on-going programs of supported living, job training, job placement and follow-along, and advocacy for our target population of people with developmental disabilities. We anticipate serving 70-80 people but would be able to serve additional if funding becomes available. This grant would specifically fund a part of the Occupancy costs for the facility housing our training programs, not including the residential program occupancy costs. The organization has many years of experience in this field - over 41 years, with an Executive Director with 38 years of experience and an Assistant Director with with 21 years of experience. Seven of our staff have over ten years experience, and the other three have 3-7 years experience. Our Director has a degree in Business Administration and experience working in Special Education at the Carson High School. We feel well-equipped to handle issues.

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 goal we will be working to accomplish is "An Active and Engaged Community." Measurable outcomes will be the increase of the people we serve in participating in community activities, paying more of their everyday costs, being a part of the community by working in competitive employment. taking part in political events and voting, and all aspects of community living. We write individual programs for each person and evaluate the success and outcomes of these programs. These programs are on-going. For purposes of this grant, the beginning date will be July 1, 2010 through June 30, 2011. The programs, however, will not stop.

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.

People with developmental disabilities will benefit from the use of these funds, as they are an important part of being able to continue funding the programs. The people will become more self-sufficient, have more self-esteem, take part more in community events and clubs, and decrease their dependency on government funding.

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 five other agencies in Carson City providing services that are similar. Most of them, however, provide 24-hour care for people with not the stress on self-sufficiency. Some provide part of the services we provide, but to our knowledge, Ormsby ARC is the only one providing a continuum of services aimed toward helping their people become a tax-paying part of the community.

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

See Attachment

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>
2005-06	\$14,000	Occupancy Costs
2006-07	\$14,000	Occupancy Costs
2007-08	\$14,000	Occupancy Costs
2008-09	\$13,950	Occupancy Costs
2009-10	\$13,950	Occupancy Costs

**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).

ORMSBY ARC BUDGET 2010-11				
Proposed				
				Proposed
	Budget	Budget	Actual	Budget
	2009-2010	1st Six Months	1st Six Months	2010-2011
MEMBERSHIP	400	200	240	300
DONATIONS	6,465	3,233	22,884	16,000
FUND RAISING	1,000	500	1,000	1,500
TRANSPORTATON	11,250	5,625	5,776	11,250
CARSON CITY	13,950	6,975	6,975	13,950
COMMUNITY TRAINING CENTER	160,000	80,000	85,814	170,000
RESIDENTIAL - SLA	155,000	77,500	74,434	150,000
INDUSTRIES CONTRACT	18,000	9,000	8,342	18,100
THRIFT STORE	55,000	27,500	23,900	50,000
VOC REHAB	5,400	2,700	-	
ENCLAVES	38,000	19,000	21,995	44,000
INTEREST		0	8	10
<b>TOTAL INCOME</b>	<b>464,465</b>	<b>232,233</b>	<b>251,367</b>	<b>475,110</b>
		0		

ORMSBY ARC BUDGET 2010-11				
Proposed				
				Proposed
	Budget	Budget	Actual	Budget
	2009-2010	1st Six Months	1st Six Months	2010-2011
		0		
STAFF SALARIES	260,000	130,000	128,869	255,000
FICA	19,890	9,945	13,294	22,000
MILEAGE	5,000	2,500	1,759	3,000
UNEMPLOYMENT (SUTA)	2,000	1,000	362	1,400
WORKMAN'S COMP (pro group)	5,025	2,513	2,541	4,800
SALARIES-CLIENTS	72,000	36,000	48,088	78,000
HEALTH INSURANCE	5,800	2,900	5,740	11,480
INSURANCE	10,800	5,400	5,057	10,600
FUEL/OIL	400	200	220	500
REPAIRS-VEHICLES	200	100	163	300
HEAT	2,800	1,400	522	1,200
POWER	2,700	1,350	1,518	3,000
TELEPHONE	7,800	3,900	3,317	5,400
WATER	665	333	312	650
RENT/LEASE	11,400	5,700	5,700	11,400
SUPPLIES (Office & Contracts)	4,500	2,250	2,133	4,000
POSTAGE	275	138	185	350
BLDG MAINT	900	450	720	1,000
HOUSEKEEPING SUPPLIES	400	200	364	400
SANITATION	3,050	1,525	1,785	4,200
PRINTING	500	250		-
ADVERTISING	600	300	66	200
JAC TICKETS	11,250	5,625	6,164	12,300
DEBIT CARD CHARGES	850	425		-
BOARD	80	40		30
EQUIPMENT MAINT	3,000	1,500	1,346	2,800
TRAVEL/TRAINING		0		-
STORAGE	1,080	540	1,068	950
CONSULTANTS	30,000	15,000	22,280	40,000
FUND RAISING		0		-
RETIREMENT PLAN	900	450		-
BACKGROUND CHECKS	600	300	330	150
CONF/MEETINGS		0		-
ARC				-
<b>TOTAL EXPENSES</b>	<b>464,465</b>	<b>232,233</b>	<b>253,902</b>	<b>475,110</b>



**The  
ARC**

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Advocacy  
Thrift Store  
Ormsby Industries  
Independent Living  
Supported Employment

A NON-PROFIT CORPORATION

1802 N. Carson St., Suite 157  
PO Box 491  
Carson City NV 89702-0491

VOICE (775) 882-8520  
FAX (775) 882-7202  
EMAIL: info@ormsbyarc.org

Tax ID: 88-0106559

Paul Ferrin  
President

Mary C. Winkler  
Executive Director

February 23, 2010

**Ms. Janet Busse, Office Supervisor  
City Manager's Office  
201 North Carson Street, Suite #22  
Carson City, NV 89701**

**Dear Ms. Busse:**

**Enclosed is an Application for Community Support Services funding for Fiscal Year 2010-2011. Our Grant is for a portion of the Occupancy costs for our training program, the unfunded portion of our budget.**

**Also included is our Annual Report for 2009-2010.**

**More than ever, Carson City funding is extremely important to us. We have requested the same amount as we received last year, knowing the many requests Carson City receives for assistance. With revenues from the State being threatened with additional cuts and with decreased revenue from our Thrift Store, times are difficult for us, as they are for many.**

**Thank you for the opportunity to apply for this grant. If you have any questions, please let me know.**

**Sincerely,**

**Mary C. Winkler  
Executive Director**

**Attachments:**

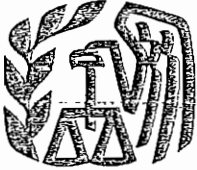
**IRS 501(c) 3 Designation Letter  
Grant Application with Budget  
Annual Report for Fiscal 2009-2010  
IRS 990  
Signed Guidelines**

Department of the Treasury

Internal Revenue Service  
Washington, DC 20224

Date: MAR 29 1971

In reply refer to:  
T:MS:EO:R:1



▷ Ormsby Association For Retarded  
Children, Inc.  
801 Old Clear Creek Road  
Carson City, Nevada 89701

Gentlemen:

We have considered your application for recognition of exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954.

Based on the information supplied, and assuming your operations will be as stated in your exemption application, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Any change in your purposes, character, or method of operation must be reported to the District Director, San Francisco, which is your key district for exempt organization matters, so he may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Pending issuance of regulations under section 509 of the Code, we are unable to make a determination as to whether you are a private foundation as defined in that section. Upon issuance of the regulations we will evaluate your application and make a determination as to whether you are a private foundation.

You are required to file the annual return, Form 990, on or before the 15th day of the 5th month after the end of your annual accounting period. Failure to file the Form 990 by this date may subject you to a penalty of \$10 for each day during which such failure continues, up to a maximum of \$5,000.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities is unrelated trade or business as defined in section 513 of the Code.



**Strong McPherson & Company**  
**202 S Pratt Ave**  
**Carson City, NV 89701**  
**775-882-4460**

January 25, 2010

**CONFIDENTIAL**

THE ORMSBY ARC  
PO BOX 491  
CARSON CITY, NV 89702

*Mailed  
2/12/10  
Certified*

Dear MARY:

We have prepared the following returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

  
Strong McPherson & Company

## Filing Instructions

### THE ORMSBY ARC

#### Exempt Organization Tax Return

Taxable Year Ended June 30, 2009

**Date Due:** February 15, 2010

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/09 shows no balance due.

**Mail To:** Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 N. Rulon White Blvd.  
Ogden, UT 84404

**Signature:** The return should be signed and dated on Page 1 by an officer representing the organization.

**Other:** Initial and date the copy of the return, and retain it for your records.

**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)

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>THE ORMSBY ARC</b>		<b>D</b> Employer identification number <b>88-0106559</b>
		Doing Business As		<b>E</b> Telephone number <b>775-882-8520</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 491</b>		<b>G</b> Gross receipts \$ <b>496,314</b>
		City or town, state or country, and ZIP + 4 <b>CARSON CITY NV 89702</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.)	4947(a)(1) or 527
<b>J</b> Website: <b>N/A</b>	<b>H(c)</b> Group exemption number
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>M</b> State of legal domicile: <b>NV</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TRAINING PEOPLE WITH DISABILITIES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	<b>5</b> Total number of employees (Part V, line 2a)	5	58
	<b>6</b> Total number of volunteers (estimate if necessary)	6	12
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	25,952	25,902
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	417,198	420,677
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24	24
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,184	49,711
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	499,358	496,314
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	455,895	414,629
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	95,200	114,358
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	551,095	528,987	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-51,737	-32,673	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	116,859	105,483
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	36,318	57,615
		80,541	47,868

**Part II 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.

<b>Sign Here</b>	<b>CLIENT COPY</b>	<b>EXECUTIVE DIRECTOR</b>
	Signature of officer <b>MARY WINKLER</b>	Date <b>1/25/10</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>MICHAEL WILLIAMS</b>	Date <b>1/25/10</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Strong McPherson &amp; Company</b> <b>202 S Pratt Ave</b> <b>Carson City, NV 89701</b>	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (see instructions) <b>P00566278</b>	Preparer's identifying number (see instructions) <b>P00566278</b>
		EIN <b>88-0158829</b> Phone no. <b>775-882-4460</b>

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:

**TRAINING PEOPLE WITH DISABILITIES**

**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 \$ **483,321** including grants of \$ ) (Revenue \$ )

**ASSIST HANDICAP AND DISABLED INDIVIDUALS IN OCCUPATIONAL AND LIVING SITUATIONS. OVER 200 PEOPLE SERVED EACH YEAR**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ \$ **483,321** (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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
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.? If "Yes," complete Schedule F, Part I		X
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? If "Yes," complete Schedule F, Part II		X
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? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	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		<b>X</b>
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	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		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	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		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	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		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 8		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	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		
	<b>2a</b> 58		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

Table with 3 columns: Question, Yes, No. Rows 1a-11b detailing governance and management questions.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows 12a-16b detailing various organizational policies.

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 Form 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.
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: MARY WINKLER PO BOX 491

CARSON CITY

NV 89702

775-882-8520







**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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,950				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,952				
	g Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>			<b>25,902</b>			
Program Service Revenue	Busn. Code						
	2a		420,502	420,502			
	b DUES		175	175			
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			<b>420,677</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		24	24			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	49,711					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			49,711	49,711			
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e</b>			<b>496,314</b>	<b>470,412</b>	<b>0</b>	<b>0</b>	

**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)				
7 Other salaries and wages	368,638	331,774	36,864	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	10,417	9,375	1,042	
10 Payroll taxes	35,574	32,017	3,557	
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	46,297	46,297		
12 Advertising and promotion				
13 Office expenses	5,777	5,199	578	
14 Information technology				
15 Royalties				
16 Occupancy	36,251	32,626	3,625	
17 Travel	368	368		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,828	4,828		
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 <b>TRANSPORTATION EXPENSES</b>	10,678	10,678		
b <b>MILEAGE</b>	4,611	4,611		
c <b>EQUIPMENT MAINTENANCE</b>	2,785	2,785		
d <b>STORAGE</b>	1,958	1,958		
e <b>RESPIRE CAR</b>	805	805		
f All other expenses				
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>528,987</b>	<b>483,321</b>	<b>45,666</b>	
26 <b>Joint Costs.</b> 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	10,672	1	3,291
	2 Savings and temporary cash investments		2	3,199
	3 Pledges and grants receivable, net	1,344	3	
	4 Accounts receivable, net	35,537	4	34,515
	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		9	
	10a Land, buildings, and equipment: cost basis	10a 264,992		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 208,437	61,383	10c 56,555
	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	7,923	15	7,923
16 Total assets. Add lines 1 through 15 (must equal line 34)	116,859	16	105,483	
Liabilities	17 Accounts payable and accrued expenses	10,894	17	12,802
	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		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	25,424	25	44,813
	26 Total liabilities. Add lines 17 through 25	36,318	26	57,615
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	80,541	27	47,868
	28 Temporarily restricted net assets		28	
	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	80,541	33	47,868	
34 Total liabilities and net assets/fund balances	116,859	34	105,483	

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?		
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?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization

THE ORMSBY ARC

Employer identification number 88-0106559

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 X An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
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?
(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?

Table with 3 rows (11g(i), 11g(ii), 11g(iii)) and 2 columns (Yes, No)

h Provide the following information about the organizations the organization supports.

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3 % support test—2008; 16b 33 1/3 % support test—2007; 17a 10%-facts-and-circumstances test—2008; 17b 10%-facts-and-circumstances test—2007; 18 Private foundation.

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	931,435	674,864	420,201	443,545	446,754	2,916,799
<b>2</b> 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	174,504	80,771	64,885	52,814	49,711	422,685
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5	1,105,939	755,635	485,086	496,359	496,465	3,339,484
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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	163,437	73,211	59,885	47,814	44,711	389,058
<b>c</b> Add lines 7a and 7b	163,437	73,211	59,885	47,814	44,711	389,058
<b>8 Public support.</b> (Subtract line 7c from line 6.)	942,502	682,424	425,201	448,545	451,754	2,950,426

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	1,105,939	755,635	485,086	496,359	496,465	3,339,484
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	717	402	52	24	24	1,219
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	717	402	52	24	24	1,219
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,106,656	756,037	485,138	496,383	496,489	3,340,703

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	88.3175 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.0365 %
<b>18</b> 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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number

THE ORMSBY ARC

88-0106559

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

Table with 2 columns: Held at the End of the Year. Rows include: 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, 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.

Table with 2 columns: \$, \$, \$, \$, \$, \$. Rows include: 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:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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:

Table with columns Yes No and rows 3a(i) unrelated organizations, 3a(ii) related organizations.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value and rows for 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.



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

Table with 10 rows for reconciliation of net assets. Rows include: 1 Total revenue, 2 Total expenses, 3 Excess or (deficit) for the year, 4 Net unrealized gains, 5 Donated services, 6 Investment expenses, 7 Prior period adjustments, 8 Other, 9 Total adjustments, 10 Excess or (deficit) for the year per financial statements.

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

Table with 5 main rows for revenue reconciliation. Sub-rows include: 2a Net unrealized gains, 2b Donated services, 2c Recoveries, 2d Other, 2e Add lines 2a through 2d, 4a Investment expenses not included, 4b Other, 4c Add lines 4a and 4b.

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

Table with 5 main rows for expense reconciliation. Sub-rows include: 2a Donated services, 2b Prior year adjustments, 2c Losses reported, 2d Other, 2e Add lines 2a through 2d, 4a Investment expenses not included, 4b Other, 4c Add lines 4a and 4b.

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.

Series of horizontal dashed lines provided for entering supplemental information.

**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

**THE ORMSBY ARC**

Employer identification number

**88-0106559**

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

TAX RETURN SENT TO BOARD MEMBERS PRIOR TO FILING

Form 990, Part VI, Line 15a - Compensation Process for Top Official

ALL COMPENSATION APPROVED BY BOARD DURING BUDGET SESSIONS.

**Depreciation and Amortization**  
(Including Information on Listed Property)

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

Name(s) shown on return

**THE ORMSBY ARC**

Identifying number

**88-0106559**

Business or activity to which this form relates

**Indirect Depreciation**

**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 (see instructions)	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	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
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 (see instructions)	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.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,828

**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	0
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		

**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	4,828
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	

For Paperwork Reduction Act Notice, see separate instructions.

## 2009/10 OARC BOARD OF DIRECTORS LIST

NAME & ADDRESS	TITLE	COMPANY	PHONE & FAX	TERM ENDS
Paul Ferrin 1778 Camille Street Carson City NV 89706	President	Retired paul.ferrin@sboglobal.net	(H) 883-1672 (C) 775-720-0714	December 2010
Bonnie Dietrich 214 Tacoma Dr Carson City NV 89703	Treasurer	Carson City School District Educator-Retired	(H) 882-4248	December 2009
VI Bibe 2325 Kit Sierra Way Carson City NV 89706	Vice President	Retired	(H) 883-5723 (W) 882-8520	December 2010
Sean L. Brohawn PO Box 3677 Reno NV 89505	Board of Directors	Company Attorney Lane, Raubendorf, Victoria & Oliphant Reno/vlaw.com	(H) 775-885-2936 (W) 775-348-9999 (F) 775-348-0540	December 2010
Tanya Storz 61 Condor Circle Carson City NV 89701	Board of Directors	Client/WNCC Daycare	(H) 882-5696 (C) 762-3271	December 2010
Chris Buchanan 1353 Guinness Way Gardnerville NV 89410	Secretary	Risk Management cphoto@hotmail.com	(C) 315-0398 (H) 783-7581 (W) 246-5200	December 2010
Sdany Cotroneo 5 Tiger Circle Carson City NV 89706	Board of Directors		884-0546	December 2009
Jennifer M. Mahe 340 Golden Pick Drive Dayton, NV	Board of Directors	Allison-Mackenzie - Attorney jmahe@allisonmackenzie.com	(W) 775-687-0202 (C) 775-560-4884	December 2009
Jan Marie Brown	Board of Directors		(W) 322-6300 (C) 560-9441	December 2010
OARC Office		info@ornisbyarc.org Emergency 232-5448	882-8520 (F) 882-7202	

Printed: 4/21/08 pf  
1/20/09

5/1

## **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](mailto: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.*

Dromby ARC  
Name of Program

Mary C. Glinkler  
Project Director Signature

2/24/2010  
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](mailto:cceo@ci.carson-city.nv.us)  
[www.carson-city.nv.us](http://www.carson-city.nv.us)

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

Name of Organization: Ormsby ARC

Program/Project: Improving Quality of Life for People with Disabilities

Amount of Funds Received \$ 13,950.

Contact Person: Mary Winkler

Mailing Address: P.O. Box 491

City: Carson City State: NV Zip Code: 89702

Phone Number: (775) 882-8520 E-mail: mary@ormsbyarc.org

Date Submitted: February 24, 2010

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:

Developing informed choices, living in their own homes, and becoming a part of the community. These goals have been truly successful. Twenty-four people receive support to maintain homes in the community. They are choosing where they want to live and with whom. Fourteen of these pay their own room and board, with the State funding the support service only. Twelve people have experienced working in a competitive enclave, and an additional six have been assisted in competitive employment. They are all experiencing community activities, voting, and other functions of true citizens of a City.

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

Of the 71 people who benefitted directly from our programs, 70 were Carson City residents. We helped one person from Douglas County keep his competitive employment position by providing follow-along service. Some of the individual benefits were job retention and increasing their ability to pay their own room and board expenses (14 people). This in turn increased their self-esteem and willingness to be more involved in the community activities. Sixteen of our people are now working at community employment sites.

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

It has helped to keep people with disabilities from being completely dependent on welfare or joining the ranks of the homeless. It has helped to create more acceptance of people with disabilities, enabling them to participate more fully in community life.

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

Programs are on-going. Separate projects can change; e.g. increasing sub-contracts on job training programs, adding community on-site positions, developing new avenues for training. Although this is becoming more and more challenging, we plan to continue with State and Federal funding, grants, revenue from Thrift Store and other projects, and fund-raising efforts.

6. Describe any challenges that impacted your program.

Cuts in State funding, which put a freeze on placements from referring agencies. Lack of release of stimulus funds applied for to expand services and, hopefully, revenue. Construction on streets near or at our Thrift Store during this project year. We understand the necessity for the work on Roop Street, but it is really making it difficult for customers to get to our Thrift Store, particularly the days Corbett Street is also closed. This causes a definite drop in revenue.

ORMSBY ARC BUDGET 2009-2010					
Carson City Report for 1st Six Months					
7-09-thru12-09					
	Budget	Budget	Actual	Carson City	Over/Under
	2009-2010	1st Six Months	1st Six Months		Budget
MEMBERSHIP	400	200	240		40
DONATIONS	6,465	3,233	22,884		19,651
FUND RAISING	1,000	500	935		435
TRANSPORTATON	11,250	5,625	5,776		151
CARSON CITY	13,950	6,975	6,975	6,975	0
COMMUNITY TRAINING CENTER	160,000	80,000	85,814		5,814
RESIDENTIAL - SLA	155,000	77,500	74,434		-3,066
INDUSTRIES CONTRACT	18,000	9,000	8,342		-658
THRIFT STORE	55,000	27,500	23,900		-3,600
VOC REHAB	5,400	2,700			-2,700
ENCLAVES	38,000	19,000	21,995		2,995
INTEREST		0	8		8
<b>TOTAL INCOME</b>	<b>464,465</b>	<b>232,233</b>	<b>251,302</b>		<b>19,070</b>
		0			0

ORMSBY ARC BUDGET 2009-2010						
Carson City Report for 1st Six Months						
7-09-thru12-09						
	Budget	Budget	Actual	Carson City	Over/Under	
	2009-2010	1st Six Months	1st Six Months		Budget	
		0			0	
STAFF SALARIES	260,000	130,000	128,869		-1,131	
FICA	19,890	9,945	13,294		3,349	
MILEAGE	5,000	2,500	1,759		-741	
UNEMPLOYMENT (SUTA)	2,000	1,000	362		-638	
WORKMAN'S COMP (pro group)	5,025	2,513	2,541		28	
SALARIES-CLIENTS	72,000	36,000	48,088		12,088	
HEALTH INSURANCE	5,800	2,900	5,740		2,840	
INSURANCE	10,800	5,400	5,057	2,000	-343	
FUEL/OIL	400	200	220	220	20	
REPAIRS-VEHICLES	200	100	163	163	63	
HEAT	2,800	1,400	522	522	-878	
POWER	2,700	1,350	1,518	1,518	168	
TELEPHONE	7,800	3,900	3,317	3,317	-583	
WATER	665	333	312	312	-21	
RENT/LEASE	11,400	5,700	5,700		0	
SUPPLIES (Office & Contracts)	4,500	2,250	2,133	1,100	-117	
POSTAGE	275	138	185		47	
BLDG MAINT	900	450	720	720	270	
HOUSEKEEPING SUPPLIES	400	200	364	264	164	
SANITATION	3,050	1,525	1,785	1,785	260	
PRINTING	500	250			-250	
ADVERTISING	600	300	66		-234	
JAC TICKETS	11,250	5,625	6,164	1,500	539	
DEBIT CARD CHARGES	850	425			-425	
BOARD	80	40			-40	
EQUIPMENT MAINT	3,000	1,500	1,346	784	-154	
TRAVEL/TRAINING		0			0	
STORAGE	1,080	540	1,068	1,068	528	
CONSULTANTS	30,000	15,000	22,280		7,280	
FUND RAISING		0			0	
RETIREMENT PLAN	900	450			-450	
BACKGROUND CHECKS	600	300	330	152	30	
CONF/MEETINGS		0			0	
ARC					0	
<b>TOTAL EXPENSES</b>	<b>464,465</b>	<b>232,233</b>	<b>253,902</b>	<b>15,425</b>	<b>21,669</b>	
Carson City Share of Occupancy for Programs				45%		