



FEB 26 2010

Carson City, A Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2010-2011

Name of Organization: Partnership Carson City - United Latino Community

Amount Requested: \$ 37,000.00

Contact Person: Kathlyn Bartosz *KB*

Mailing Address: 1711 North Roop Street

City: Carson City State: Nevada Zip Code: 89706

Phone Number: (775) 841-4730 E-mail: bartosz4@sbcglobal.net

501(c)3 Taxpayer I.D. Number: 88-0249300

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 Partnership Carson City (PCC) coalition works to prevent the devastating effects of gangs, methamphetamine and other illegal drug and alcohol use by initiating and supporting grass-roots, community-wide programs and environmental strategies.”

United Latino Community provides relevant Latino services to the community emphasizing the empowerment of individuals to take control of their own destiny so that their quality of life improves.

2. How long has your organization been in existence? 20 Years 6 Months

How long has your organization been in Carson City? 20 Years 6 Months

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

Partnership Carson City mobilizes, shares and collaborates for a healthy community in which all can grow, live and learn. PCC is dedicated to assisting civic organizations, community groups, nonprofits, local service providers, schools, faith-based organizations, tribes, law enforcement, media, government entities and concerned citizens to promote efforts that enhance:

1. A community-wide strategic and balanced approach that builds community, family and individual assets; decreases community/individual risk factors; promotes science-based prevention strategies; and generally promotes healthy communities for all to grow, live and learn;
2. Public and family awareness and education of the inherent ills associated with drug and alcohol use and gang involvement;
3. Prevention of first-time use or participation in drug and alcohol use, gang involvement and other at-risk behaviors;
4. Evaluation, treatment and counseling of substance abusers; and people, especially youth, engaging in at-risk behaviors; and
5. Effectiveness of public policy in solving the social issues created by substance abuse and at-risk behaviors.

United Latino Community provides needed services while instituting a referral program that increases the reach of assistance to the community through:

1. Understanding and evaluating the services currently being offered, ensuring relevancy;
2. Measuring the effectiveness of the organization in meeting these needs;
3. Studying the landscape to assess current gaps in services;
4. Assessing the need for collaboration among agencies;

5. Providing a safe haven for members of the Latino community; and
6. Incorporating best practices into the organization.

PCC currently supports monthly meetings of seven community-driven task forces addressing : gang suppression, drug suppression, community awareness and education, housing, poverty and economic development, school and health service connectivity, and early childhood development. Additionally, during the 2009-2010 grant year PCC is implementing/monitoring 64 projects and sub grant programs, including those provided by United Latino Community.

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

of Youth 45 # of Adults 750 # of Seniors 500

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

of Youth 45 # of Adults 650 # of Seniors 450

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

of full-time employees 1 # of part-time employees 5
(United Latino Community staff consists of 3 part-time employees)

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).

PCC works under an Executive Board of Directors and is supported by the expertise of a Steering Committee functioning as an ad hoc committee led by the Mayor. PCC operates as the fiscal and program oversight agency for the ULC. United Latino Community has formed an Advisory Team that will guide the further development of the organization.

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

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Jack Araza	President	883-2720
Molly Walt	Vice President	887-2100
Lynne Conrad	Sect./Treas.	684-3205
Ron Beck	member	283-1600
Ron Kendall	member	883-0906
John Simms	member	887-2033
JoAnne Skelly	member	887-2252
Catherine Thayer	member	888-7414
Tish Carpenter	member	882-7388
Donna Curtis	member	884-3037
Barry Smith	member	885-0866

Program/Proposal Information

10. Amount of funds requested? \$ 37,000.00
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.

Proposal: In June of 2009, Partnership Carson City requested funds to support the local Nevada Hispanic Services (NHS) office in Carson City. The office at that time was administered by the parent office in Reno. The Reno office was struggling financially, and terminated the Carson office Director. The next step was to close the Carson office and attempt to serve clients in Reno using the Carson City Community Service funds. Therefore, Partnership Carson City applied to be the fiscal agent for the NHS office in Carson City to allow services to continue under local direction. The City Supervisors made the commitment to keep the funds within the City and awarded PCC the \$37,000 granted to the NHS parent office in Reno in previous years. PCC took over the administration and fiscal oversight of the Carson City Nevada Hispanic Services offices at this time.

The NHS office in Carson City, now no longer under the Reno NHS agency umbrella, renamed themselves the United Latino Community (ULC) Office of Carson City. Since June of 2009, they have continued to offer family advocacy, parent education, translation, youth programs, referrals, and paralegal, immigration and naturalization legal services. PCC hired a contract program director to organize and coordinate the office services, and bring together a Strategic Planning Advisory Team to create a plan for the office to meet the needs of the Latino community. Their first meeting was February 1, 2010, and the second is scheduled for March 1, 2010. Over 35 people attended the first meeting. Additionally, the Arizona and Reno Offices of the Mexican Consulate have a meeting to accommodate over 100 Carson City residents scheduled in Carson City to create a strategy to infuse more services for naturalization, immigration and immigration fraud.

This proposal will allow ULC to continue to operate with existing services while a strategic plan is put into place, and community member sub committees are formed to address specific community concerns. If everything begins to come together, it is anticipated that ULC will obtain their own non profit status within the next year.

The target population is the Latino population within Carson City, although people from as far away as Fernley come to ULC as it is the closest service available for immigration and naturalization legal assistance. Last year ULC worked with a 33 member youth group that is growing, assisted 1,140 families with advocacy and referral, and over 400 people for legal services. We anticipate increasing the numbers served by 30% in 2010-2011.

This grant funding will support a portion of current staff levels as follows: 20 of the 30 hours each for the Office Manager/Latino Service Referral Coordinator, and the Family Advocate; a modest budget of \$325 per month for phone, printer/copier, and supplies; 8% of insurance costs, and computers/software. This budget was created based on last year's contribution from the City. Given the difficult financial times, we are not asking for an

increase. However, the total operations budget for ULC for 2010-2011 with projected increase in demand for services is \$97,200. PCC will work with ULC to attempt to generate the balance of the revenue from service fees (on a sliding scale), fund raisers and other grant sources if available. The Strategic Planning Advisory Team will be directed by an Interim Director working three hours a day through other grant sources, as available.

PCC has demonstrated the ability to administer this project by the outcomes achieved this year, as summarized in the final report for Community Service Funds, 2009-2010. We achieved our commitment to maintain services at the current level, began the process for Bureau of Immigration Affairs certification, the first in Carson City, expanded the youth group, hired a consultant to act as the interim director to reorganize the office to make it more efficient, and created a Strategic Planning Advisory Team to generate grassroots community participation in directing the future services of the ULC through the identification of needs, gaps in services, and office capability/capacity.

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 goal of PCC as it relates to this proposal is to support community efforts to provide Hispanic citizens, especially our young people, with a safe and prosocial environment in which to live and grow by empowering the youth and adults. This mission will be realized through the achievement of the following goals and related objectives:

Objective 1: A minimum of 400 residents will receive criminal, civil, immigration and citizenship legal assistance.

Objective 2: A minimum of 400 different family members will receive intervention services through a Hispanic Family Advocate.

Objective 3: A Strategic Planning Advisory Team will meet bi monthly, with members overseeing monthly sub committee meetings formed to address specific areas of need such as educational success, vocational training, parenting education, and economic prosperity.

The goals and objectives of this proposal will fulfill the City goals, specific to the Hispanic community, of 1) a safe and secure community, 2) an active and engaged community, 3) a community where information is available to all, and 4) a community dedicated to excellence in education.

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 beneficiaries will be the community as a whole as the Latino citizens become more prosperous and engaged in the greater community. Specifically, the Latino population needing assistance with legal issues - particularly citizenship, naturalization and immigration; family assistance in accessing services available within the community such as vocational training and job search; parents needing parental education; those requiring assistance with translation; and young people desiring educational assistance and guidance, and community service opportunities. With the acquisition of the non profit status, future funding will be secured through grants, as well as sliding scale fees for services.

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 a few organizations that have bi-lingual staff available to assist with specific services, but ULC is the only coalition focused organization designed to bring all of these entities together within the community.

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

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

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
2009	\$37,000.00	ULC office 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).

ATTACHMENT A
UNITED LATINO COMMUNITY
BUDGET

BUDGET ITEM	CALCULATION/EXPLANATION	TOTAL
<u>PERSONNEL:</u>		
Office Manager and Latino Referral Services Coordinator	20 hours/week x 52 weeks x \$16/hour = \$16,640	\$16,640.00
Family Advocate	20 hours/week x 52 weeks x \$12/hour = \$12,480.00	\$12,480.00
TOTAL PERSONNEL		\$29,120.00
<u>OPERATING</u>		
Supplies	\$100/month x 12 = \$1,200.00	\$1,200.00
Communications	\$150/month x 12 = \$1,800.00	\$1,800.00
Insurance	8% of total of PCC costs	\$210.00
Copier	\$75/month x 12 = \$900.00	\$900.00
Computers and Software	\$640.00 x 3 = \$1,920.00	\$1,920.00
TOTAL OPERATING		\$6,030.00
<u>OTHER:</u>		
Partnership Carson City Grants management and reporting.	5% x total request of \$37,000.00 = \$1,850.00	\$1,850.00
TOTAL OTHER		\$1,850.00
Total		\$37,000.00

Attachment B

501(c)(3) Letter



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077556751
Feb. 03, 2010 LTR 4168C 0
88-0249300 000000 00

00038044
BODC: TE

PARTNERSHIP CARSON CITY
% KATHY BARTOSZ
PO BOX 613
CARSON CITY NV 89702-0613



029062

Employer Identification Number: 88-0249300
Person to Contact: Jo Ann Cunningham
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 01, 2009, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1992.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

Attachment C

Audit

IRS Form 990

**COMMUNITY COUNCIL
ON YOUTH
(A NONPROFIT ORGANIZATION)
AGREED-UPON PROCEDURES REPORT**

June 30, 2008



Mary C. Sanada, CPA

2832 Table Rock Dr.
Carson City, NV 89706

INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

To the Board of Carson City Community Council on Youth
and The State of Nevada, Bureau of Alcohol and Drug Abuse

I have performed the procedures enumerated below, which were agreed to by Carson City Community Council on Youth (CCOY) and the Bureau of Alcohol and Drug Abuse (the specified parties), solely to assist you with respect to the accounting records of CCOY for the fiscal year ending June 30, 2008. Management is responsible for the organization's accounting records. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, I make no representation regarding the sufficiency of the procedures described below either for the purpose of which this report has been requested or for any other purpose.

My procedures and findings are as follows:

1. Inspect a sample of original invoices and other supporting documentation that support expenditures submitted for reimbursement to the Bureau of Alcohol and Drug Abuse (BADA) for evidence that they are allowable costs included in the approved budget categories, which are personnel, consultants/contracts, travel, training and operating for the subgrants #08201SP;08161MT; and 08024PX.

All expenses for personnel costs were adequately documented and charged within the approved budgets.

All expenses for subgrantees under grant#08201SP were adequately documented and charged within the approved budgets.

From the sample of other expenses selected, it was possible to verify only one.

2. Inspect monthly bank statements for evidence that funds received as reimbursement for expenditures which were approved by SAPTA were properly deposited into the bank account.

No exceptions noted.

3. Verify that selected expenditures submitted for reimbursement by SAPTA are within the approved budget amounts, subject to any variances defined in the grant agreement.

With the exception of personnel and subgrant expenditures, it was not possible to verify that submitted reimbursements were within approved budget amounts.

4. Verify that the Organization has maintained Subgrant accounting records.

While the organization is now maintaining subgrant accounting records, the system was not in place for the year ended December 31, 2008, and consequently the records do not agree with reports submitted to BADA.

5. Verify that the Organization is properly licensed.

No exceptions noted.

6. Inspect the Organization's non-discrimination policy.

The Organization's non-discrimination policy is in accordance with SAPTA policies.

7. Verify that the Organization has a letter from the Internal Revenue Service granting tax-exempt status.

No exceptions noted.

8. Inspect the Organization's policies and procedures manual for evidence that a system of internal controls, which would result in fiscal integrity and stability, including generally accepted accounting principles, has been adopted. I will also look for evidence of workplace policies required by SAPTA.

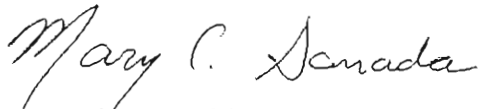
No exceptions noted.

9. Review documentation supporting compliance with all other policies required by the grant.

No exceptions noted.

I was not engaged to, and did not conduct an audit, the objective of which would be the expression of an opinion on the accounting record. Accordingly, I do not express such an opinion. Had I performed additional procedures, other matters might have come to my attention that would have been reported to you.

This report is intended solely for the information and use of CCOY and the Bureau of Alcohol and Drug Abuse and is not intended to be and should not be used by anyone other than those specified parties.



Mary C. Sanada, CPA

Carson City, NV
October 8, 2009

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

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 July 1, 2008, and ending June 30, 2009

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 Council on Youth
 Doing Business As Partnership Carson City
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O.Box 613
 City or town, state or country, and ZIP + 4
Carson City, NV 89702

D Employer identification number
88 0249300

E Telephone number
(775) 841-4730

G Gross receipts \$ 635526.17

F Name and address of principal officer:
 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.partnershipcarsoncity.org

K Type of organization: Corporation Trust Association Other ▶

L Year of formation:

M State of legal domicile: NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Partnership Carson City coalition will work to prevent the devastating effects of gangs, methamphetamine and other illegal drug and alcohol use by initiating and supporting grass-roots, community wide efforts.</u>			
	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)	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of employees (Part V, line 2a)	6	
	6	Total number of volunteers (estimate if necessary)		
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 423383.00	Current Year: 634824.00
	9	Program service revenue (Part VIII, line 2g)	165.00	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99.81	59.87
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		642.30
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	423647.81	635526.17
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	178918.10	213974.08
	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)	123760.89	141324.45
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	151443.22	194718.65	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	454122.21	500017.18	
19	Revenue less expenses. Subtract line 18 from line 12	-30474.40	135508.99	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 15896.03	End of Year: 86691.59
	21	Total liabilities (Part X, line 26)	1560.79	6571.26
	22	Net assets or fund balances. Subtract line 21 from line 20	14335.24	80120.33

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.

Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's identifying number (see instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____ Phone no. _____

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Mission Statement: "The Partnership Carson City coalition will work to prevent the devastating effects of gangs, methamphetamine and other illegal drug and alcohol use by initiating and supporting grass-roots, community-wide efforts."

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 \$ 90,000.00 including grants of \$ 90,000.00) (Revenue \$)
Carson City Grant - purpose to increase number of services for Carson City youth with the potential of reducing the onset of substance abuse.

4b (Code:) (Expenses \$ 325,674.00 including grants of \$ 325,674.00) (Revenue \$)
State of Nevada Substance Abuse Prevention and Treatment - SAPTA SPF & SPI - Purpose to increase number of services for Carson City youth with the potential of reducing the onset of substance abuse

4c (Code:) (Expenses \$ 70608.95 including grants of \$ 70608.95) (Revenue \$)
Department of Health and Human Services - Substance Abuse and Mental Health Services Administration Drug Free Communities - Purpose to increase number of services for Carson City youth with the potential of reducing the onset of substance abuse.

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

4e Total program service expenses ▶

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>	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		✓
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>		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		✓
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 similar funds or 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>		✓
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>		✓
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>		✓
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>		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		✓
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	No
			✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		✓
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>		✓
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>		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		✓
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		✓

Part IV Checklist of Required Schedules (continued)

	Yes	No	
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
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?	24c		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a Section 501(c)(3) 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>	25a		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b		✓
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>	26		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b		✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32		✓
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34		✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36		✓
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		✓
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		✓
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	✓
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	✓
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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			
Jack Araza President		✓						-0-	-0-	-0-
Ron Beck		✓						-0-	-0-	-0-
Lynne Conrad Secretary/Treasurer		✓						-0-	-0-	-0-
Ron Kendall		✓						-0-	-0-	-0-
John Simms		✓						-0-	-0-	-0-
JoAnn Skelly		✓						-0-	-0-	-0-
Catherine Thayer		✓						-0-	-0-	-0-
Molly Walt Vice President		✓						-0-	-0-	-0-
Tish Carpenter		✓						-0-	-0-	-0-
Barry Smith		✓						-0-	-0-	-0-
Donna Curtis		✓						-0-	-0-	-0-

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -0-

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a?
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?
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization?

Summary table for questions 3, 4, and 5 with Yes/No columns.

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.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization -0-

Part VIII Statement of Revenue				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	-0-			
	b	Membership dues	1b	-0-			
	c	Fundraising events	1c	-0-			
	d	Related organizations	1d	-0-			
	e	Government grants (contributions)	1e	634304.00			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	520.00			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f			634824.00		
Program Service Revenue				Business Code			
	2a	.....				
	b	.....				
	c	.....				
	d	.....				
	e	.....				
	f	All other program service revenue					
g	Total. Add lines 2a-2f			-0-			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		59.87			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	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					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a	.....		900099	642.30			
b	.....					
c	.....					
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			635526.17			

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	213974.08	213974.08		
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	119512.12	98923.66	10294.23	10294.23
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	6081.96	5144.46	468.75	468.75
10 Payroll taxes	15730.37	10937.95	2396.21	2396.21
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7569.82	7569.82		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	107304.60	107304.60		
12 Advertising and promotion	9626.66	9626.66		
13 Office expenses	29341.96	13182.95	16159.01	
14 Information technology	1332.27		1332.27	
15 Royalties				
16 Occupancy	5289.31		5289.31	
17 Travel	5441.64	5441.64		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12982.92	12982.92		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	825.00		825.00	
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 Memberships	725.00		725.00	
b Workman's Comp	4277.02	2138.50	1069.26	1069.26
c Incentives	2369.10	2369.10		
d Misc	7633.35		7633.35	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f				
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	550017.18	489596.34	46192.39	14228.45

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-3599.99	1	66502.09
	2 Savings and temporary cash investments	19496.02	2	19511.17
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	678.33
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	15896.03	16	86691.59	
Liabilities	17 Accounts payable and accrued expenses	1560.79	17	6571.26
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1560.79	26	6571.26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	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	14335.24	33	80120.33	
34 Total liabilities and net assets/fund balances		34		

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 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? . . .
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		
2b		✓
2c		✓
3a	✗	✓
3b	✗	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Carson City Community Council on Youth

Employer identification number

88 : 0249300

All documents and records are available upon request and are located at the Carson City Community Council

on Youth's office.

Area with horizontal dashed lines for providing additional information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

2009

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
Carson City Community Council on Youth

Employer identification number
88-02493300

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys and Girls Club of Western 1870 Russell Way CC, NV			75259.00				
Ron Wood FRC 212 E. Winnie Lane CC, NV			64621.46				
Nevada Hispanic Services Carson City, NV			16008.00				
Advocates to End Domestic Violence Carson City, NV			2850.00				
Brewery Arts Center Carson City, NV			1584.00				
J.O.I.N. Carson City, NV			11858.33				
Washoe Tribe Carson City, NV			10362.00				
Carson City Sheriff's Office Carson City, NV			22149.29				
Carson City High School Carson City, NV			6000.00				
Court Appt. Special Advocate Carson City, NV			3282.00				

2 Enter total number of section 501(c)(3) and government organizations 10

3 Enter total number of other organizations

Attachment D

Annual Report

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

Name of Organization: Partnership Carson City - United Latino Community

Program/Project: Carson Hispanic Services

Amount of Funds Received \$ 37,000

Contact Person: Kathlyn Bartosz

Mailing Address: 1711 N. Roop Street

City: Carson City State: NV Zip Code: 89706

Phone Number: 841-4730 E-mail: bartosz4@sbcglobal.net

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 goal of this project is to support community efforts to provide Hispanic citizens, especially the young people, with a safe and prosocial environment in which to live and grow by empowering the adults. During the first two quarters of fiscal year 2009-2010, United Latino Community achieved the following:

Objective 1: A minimum of 34 Hispanic parents will complete Parent Education classes.

36 parents completed parenting classes titled Helping Hands. These classes included 12 parents each, receiving 10 hours of instruction. Class sessions covered behavior management; anger management for the parent and the child; handling depression; self esteem building in your child; coping with physical abuse; effective rules and discipline strategies; encouraging truthful behavior; and TV and Internet safety. Not all topics can be covered in ten hours, so the discussion and needs of the participants dictated which subjects received the most emphasis and time.

Objective 2: A minimum of 100 Hispanic families will receive family health and education promotion materials through the Mobile Recreation project at least monthly.

Over 54 youth and families were served by the Mobile Recreation project. This number is less than anticipated due to an unexpected yet very positive turn of events. The Boys and Girls Club operating the Mobile Rec was able to transition the youth living in the Tiger Drive trailer complex from on site services through the Mobile Rec into the club where they had greater access to a wide array of activities and services. As an alternative, ULC provided information and translation services to a greater number of youth by using the DARE program in the fifth grade classes at all six elementary schools to disseminate information. Updates on prescription drug abuse and marijuana were handed out in English and in Spanish, reaching over 700 children and their families. Additionally, ULC noted a need for more on site health advise in the ULC office. Therefore, we entered into a contract with Rosario Espinoza, a certified translator, ESL program coordinator for Empire Elementary School, and a licensed pediatrician in her home country of Peru, where she maintains a practice in the summer months. Rosario does not practice medicine through the office, but gives direction on nutrition, and healthy life styles for families coming in to ULC.

Objective 3: A minimum of 300 different family members will receive intervention services through a Hispanic Family Advocate.

442 families received family advocacy, translation, crisis intervention and referral services. Additionally, 132 middle and high school youth were served through the Hispanic Youth Leadership Program. This program promotes cultural diversity at the high school, a community service/tutoring program, and youth cultural events.

Objective 4: A minimum of six new predominantly Hispanic neighborhoods will be trained in Neighborhood Watch with a minimum of four implementing the program.

To date, meetings have been held to organize these efforts in the Stanton Arms community, a very large apartment complex north of the Animal Shelter. This complex generates as many as seven calls for service on a typical weekend night. It is anticipated that this objective will be completed by June 30, 2010.

Objective 5: A minimum of 1,000 Hispanic residents will receive information on Secret Witness.

We have received copies of the Secret Witness flyers in Spanish. They are in the process of being printed with support from another grant, and will be ready for dissemination through the schools and other targeted locations throughout the community. ULC is in conversation with the Sak and Save store across from the Gold Dust West to set up an outreach office for advocacy services but will allow the Sheriff's Department to access this as well for community outreach. Flyers will be placed in this location. The targeted community locations will be listed and prioritized by a crime prevention sub committee of the ULC Strategic Planning Advisory Group.

Objective 6: A minimum of 10 Hispanic residents will be actively engaged in preventing juvenile delinquency through participation in the Community Volunteer Board.

The Community Volunteer board was delayed in order to obtain signatures on an MOU agreed upon by the Sheriff, JPO, Juvenile Court Master and the DA. The signatures were completed the middle of February. The first training of volunteers is scheduled for mid March, 2010. Three representatives from the Hispanic community through ULC are involved.

PCC achieved our commitment to maintain services to the Latino community while transitioning the organization to become a Carson City based agency. In addition to the above objectives, PCC began the process for Bureau of Immigration Affairs certification, the first in Carson City, expanded the youth group, and hired a consultant to act as the interim director to reorganize the office to make it more efficient, and created a Strategic Planning Advisory Team to generate grassroots community participation in directing the future services of ULC through the identification of needs, gaps in services, and office capability/capacity.

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?

Not including the Stanton Arms Neighborhood Watch project (those numbers are not available) the total served in number 2 above is 1,235 through education and family advocacy services. Additionally, the office supported legal assistance services to 289 clients to date. All of the education and family advocacy services were delivered to Carson City residents. The legal services include approximately 20% from Douglas and Lyon Counties, as the ULC services are the closest available.

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

All programs/services benefit Carson City by supporting healthy, substance free lifestyles for Hispanic youth and their families. The community benefits by having local ownership of services to this population, thus directing what services should be provided to our local population, how these services should be provided, where there is duplication in services, and where there are gaps in services. A comprehensive system to address the needs of this growing population provides community cohesiveness and saves money.

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

Partnership Carson City, through the Strategic Planning Advisory Team, will continually assess the needs of Carson City's Hispanic community and continue to provide those services that are needed, ensuring no duplication in efforts. PCC actively pursues other funding sources to support its priority goals and objectives, including state funding, federal grants, and private donors. Leveraging funding has been very successful over the past five years but these funding sources expire in 2010, leaving the organization to face the same

economic realities as the City of Carson. PCC will adjust budgets and services provided as needed to best serve the community while maintaining quality programming.

6. Describe any challenges that impacted your program.

The first two quarters of fiscal year 2009-2010 were extremely busy and productive with the emphasize being to maintain services to the Hispanic community while restructuring the organization. Challenges occurred while transitioning services and resources from the Reno based office, primarily due to change in their management and fiscal issues. These challenges did not directly impact services to the community but caused some confusion and stress on agency staff. Another challenge was identifying the needed partners in the community to move the agency forward. Many factions existed within the Hispanic community, each attempting to move forward their agendas independent of each other. Through communication and new leadership, the Strategic Planning Advisory Team brought together these groups to work as one. It is anticipated that this challenge will become less and less of an issue as the group moves forward in the second half of this fiscal year.

**Partnership Carson City – United Latino Community
Carson City Community Support Services Grant**

**Income/Expense Statement
7/1/09 – 12/31/09**

Approved Budget		Expended to Date	
Salaries	22,880	Personnel	8,482
Fringe	3,124	Fringe	718
Total Personnel	26,004	Total Personnel	9,200
Office Expenses – supplies, copies, etc.	3,996	Office Expenses	1,733
Rent	7,000		
Total Operating	10,996	Total Operating	1,733
Total	37,000	Total	10,933

*Note: Partnership Carson City is leveraging funds from other sources that must be spent, thus reducing the expenses for quarters 1 and 2. Quarters 3 and 4 will see an increase in expenditures.

Attachment E

Guidelines for Grant

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.

Partnership Carson City - ULC
Name of Program


Project Director Signature

2-23-10
Date

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