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FEB 23 2011 *AD*

**CARSON CITY
EXECUTIVE OFFICES**

Carson City, a Consolidated Municipality

Application for

**Community Support Services Funding
Fiscal Year 2011-2012**

Name of Organization: Ormsby Association of Carson City (formerly OARC)

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: 2-23-2011

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 2011-2012

Organization Information

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

Enrich the lives and choices of persons with developmental disabilities by providing quality training programs and support to enable them to increase self-sufficiency.

2. How long has your organization been in existence? 42 Years 6 Months

How long has your organization been in Carson City? 42 Years 6 Months

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

Supported Living, Job Training, Job Placement, Coaching and Follow-along, Supervision for Work Groups in Competitive Employment, and Advocacy for all ages.

4. How many people do you intend to serve during this Fiscal Year 2011-2012?

of Youth _____ # of Adults 65 # of Seniors 4

5. How many people served this Fiscal Year 2011-2012 will be Carson City residents?

of Youth _____ # of Adults 65 # of Seniors 4

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

of full-time employees 3 # of part-time employees 11 includes 5 volunteers

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

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

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

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

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Paul Ferrin	Board 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 proposal is to maintain on-going programs for our target population of adults with developmental disabilities to help them to reach their potential and/or become contributing citizens of Carson City. We anticipate serving at least 65 people during the grant year. This number is directly affected by the budget cuts to the State program that helps to fund the people. This grant is intended to specifically fund a part of the Occupancy costs for the facility housing our Training Program and for allowing us to continue programs for Jobs in competitive industry. OACC has over 42 years of experience. The Executive Director has 39 years of experience; the Assistant Director, 27 years; person directing community services, 12 years.

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 work to accomplish "An Active and Engaged Community." Outcomes will be measured by people paying their own living expenses, voting, competitive employment, participating in community functions. Each person has an individual program and success and outcomes are evaluated a minimum of annually. The program is on-going. Programs have continued for over 40 years and types of programs have been added, and it is OACC'S goal to continue them.

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 by becoming contributing members of the community, and the community will benefit by decreased dependency on the community and the State and keeping them off the street as homeless. It will increase their self-esteem and their participation in the community. OACC intends to fund this on-going project with Thrift Store revenues, grants, donations, State funding, and fund-raising. We have a long track record and plan to continue funding these programs.

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?

Five agencies or individuals provide some of the programs we provide. Instead of regular Support, they primarily provide 24-hour care in a home with multiple persons.

Self-sufficiency is not a goal. None provide a job training program. Our agency is the only one providing a continuum of services.

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>
2008 & 2009	\$13,950	On-going
		2010-11 \$10,000

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 2010-2011 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- X Signed Guidelines for Grants (please keep a copy for your files).

Annual Report
For Community Support Services Funding
Fiscal Year 2010-2011

Name of Organization: Ormsby Association of Carson City (formerly OARC)

Program/Project: To increase self-sufficiency for people with developmental disabilities.

Amount of Funds Received \$: \$10,000.

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: _____

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 the measurable outcomes listed in your application:

During the year, 15 people worked in the community, enabling them to move from some welfare benefits and upgrade their living residences. Ten others were able to work enough to pay for their own everyday expenses. Others increased in self-esteem and were introduced to the need for self-support and community participation, learning such things as service clubs, job skills, voting, etc. and projects

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?

Sixty-four people benefitted from our program. All of them are Carson City residents. Individuals were able to rent and furnish upgraded places to live. They were able to take part in more community activities. Six of them were able to save to finance a vacation.

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

Our programs kept some people with developmental disabilities from being a burden to the community and paying their own expenses, or at least reduced the amount of public support for many. At least half of the people we assisted are more involved in the community.

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

Our programs are on-going. The major emphasis for this application includes Job Training and Placement in competitive employment or work groups in competitive employment. We plan to continue these programs through grants, donations, State funding, sub-contract work from the business community, and revenue from our Thrift Store.

6. Describe any challenges that impacted your program.

Thrift Store revenue dropped from our budget prediction and from past years. As our Store is located on East Corbett, less than a block from Roop Street, we feel that construction on Roop and the surrounding area often made it difficult for buyers to reach the store. Added to this is the opening of several additional thrift stores. Thrift Store revenue dropped from our budget prediction and from past years.

A major necessity for us was the replacing of the roof at our Corbett Street facility. Our major fund-raising drive was restricted for this purpose, when it would normally be used for program costs.

A decrease in budget for the State agency funding us caused a freeze on client placements and a cut in services for those already placed.

A real blow to us was the downsizing of businesses we work with that impacted our enclaves and our people working in competitive employment.

ORMSBY ARC BUDGET 2010-11				
1st Six Months 2010-2011	Budget	Budget	Actual	over/under
	2010-11	1st Six Months	1st Six Months	budget
				7/1 - 12/31/2010
		0		
STAFF SALARIES	260,000	130,000	122,312	-7,688
FICA	19,890	9,945	12,012	2,067
MILEAGE	5,000	2,500	2,489	-11
UNEMPLOYMENT (SUTA)	2,000	1,000	450	-550
WORKMAN'S COMP (pro group)	5,025	2,513	2,767	255
SALARIES-CLIENTS	72,000	36,000	24,363	-11,637
HEALTH INSURANCE	5,800	2,900	4,306	1,406
INSURANCE	10,800	5,400	6,241	841
FUEL/OIL	400	200	1,270	1,070
REPAIRS-VEHICLES	200	100	82	-18
HEAT	2,800	1,400	595	-805
POWER	2,700	1,350	1,232	-118
TELEPHONE	7,800	3,900	1,786	-2,114
WATER	665	333	769	437
RENT/LEASE	11,400	5,700	5,700	0
SUPPLIES (Office & Contracts)	4,500	2,250	1,308	-942
POSTAGE	275	138	72	-66
BLDG MAINT	900	450	172	-278
HOUSEKEEPING SUPPLIES	400	200	401	201
SANITATION	3,050	1,525	2,205	680
PRINTING	500	250		-250
ADVERTISING	600	300	317	17
JAC TICKETS	11,250	5,625	4,642	-983
RETIREMENT PLAN	850	425		-425
BOARD	80	40	-	-40
EQUIPMENT MAINT	3,000	1,500	2,422	922
TRAVEL/TRAINING		0	150	150
STORAGE	1,080	540	534	-6
CONSULTANTS	30,000	15,000	23,457	8,457
FUND RAISING		0		0
RETIREMENT PLAN	900	450	257	-193
BACKGROUND CHECKS	600	300	256	-44
CONF/MEETINGS		0		0
ARC				
TOTAL EXPENSES	464,465	232,233	222,567	(9,665)

ORMSBY ARC BUDGET 2010-11				
1st Six Months 2010-2011	Budget	Budget	Actual	over/under
	2010-11	1st Six Months	1st Six Months	budget
				7/1 - 12/31/2010
MEMBERSHIP	400	200	50	-150
DONATIONS	6,465	3,233	7,665	4,433
FUND RAISING	1,000	500	37	-463
TRANSPORTATON	11,250	5,625	5,194	-431
CARSON CITY	13,950	6,975	5,000	-1,975
COMMUNITY TRAINING CENTER	160,000	80,000	80,853	853
RESIDENTIAL - SLA	155,000	77,500	79,359	1,859
INDUSTRIES CONTRACT	18,000	9,000	11,136	2,136
THRIFT STORE	55,000	27,500	17,137	-10,363
VOC REHAB	5,400	2,700		-2,700
ENCLAVES	38,000	19,000	10,721	-8,279
INTEREST		0	8	8
TOTAL INCOME	464,465	232,233	217,161	(15,071)
		0		

ORMSBY ASSOCIATION OF CARSON CITY
P.O. BOX 491
CARSON CITY, NV. 89702

June 7, 2010

IRS
TE/GE Correspondence Unit, Rm. 4024
P.O. Box 2508
Cincinnati, OH 45201

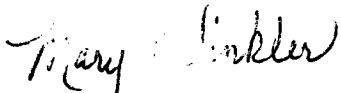
The Ormsby Association for Retarded Citizens, originally named Ormsby Association for Retarded Children, has changed its name. The program itself remains totally the same; just the name has changed, as we no longer belong to the national ARC.

The Association is a 501 C (3) non-profit corporation. A notice from the Nevada Secretary of State is enclosed to show this name change was made officially. Our EIN number is 88-0106559, and our ID is 01 95822.

We would like to officially change this name with IRS. Would you please send us a new letter confirming our status as a 501 C (3) Incorporated as a non-profit under our new name.

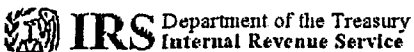
If you have questions or need additional information, my phone number is (775) 882-8520.

Sincerely,



Mary C. Winkler
Executive Director

Encls.



Department of the Treasury
Internal Revenue Service

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

In reply refer to: 4077550279
Oct. 27, 2010 LTR 4168C 0
88-0106559 000000 00

00028256

BODC: TE

ORMSBY ASSOCIATION OF CARSON CITY
PO BOX 491
CARSON CITY NV 89702-0491



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RECEIVED
NOV 01 2010
C/200

Employer Identification Number: 88-0106559
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 07, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1971.

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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

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

Sincerely yours,

Cindy Thomas

Cindy Thomas
Manager, EO Determinations



JIM GIBBONS
Governor

Robert R. Barengo
Chair, Nevada Tax Commission

DINO DICIANNO
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <http://tax.state.nv.us>

1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4800 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 688-1295
Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

RECEIVED
OCT 04 2010
CARC

September 30, 2010

Account Number: RCE-003-588
Exp date: May 31, 2012

ORMSBY ASSOCIATION OF CARSON CITY
1802 N CARSON ST SUITE 157
CARSON CITY NV 89701

NAME CHANGE EFFECTIVE 9/30/10

Pursuant to NRS 372.3261 and related statutes, ORMSBY ASSOCIATION OF CARSON CITY has been granted sales/use tax exempt status as a charitable organization. Direct purchases of tangible personal property made by ORMSBY ASSOCIATION OF CARSON CITY are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

Vendors selling tangible personal property to ORMSBY ASSOCIATION OF CARSON CITY are authorized to sell to them tax exempt. The vendor shall account for the exempt sale on its sales/use tax return under exemptions. For audit purposes, a vendor must have a copy of this letter in order to document the transaction was tax exempt.

This letter only applies to Nevada sales/use tax and does not provide exemption from any other tax.

This exemption applies only to the above named organization and is not extended to individuals, or contractors or lessors to or for such organizations.

Any vendor having questions concerning the use of this sales/use tax exemption letter may contact the Department at one of the district offices listed above.

If, upon further or future review by the Department, it is determined the above named organization does not meet or no longer meets the criteria outlined in NRS 372.348, this letter of exemption will be revoked.

Sincerely,

Dino DiCianno
Executive Director



090901



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 1
Carson City, Nevada 89701-4520
(775) 684 5708
Website: www.nvsos.gov

**Nonprofit Amendment
(After First Meeting)**
(PURSUANT TO NRS CHAPTERS 81 AND 82)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Amendment to Articles of Incorporation
For Nonprofit Corporations
(Pursuant to NRS Chapters 81 and 82 - After First Meeting of Directors)

1. Name of corporation:

Ormsby Association for Retarded Citizens

2. The articles have been amended as follows: (provide article numbers, if available)

Article one. Name change from Ormsby Association for Retarded Citizens, Inc.
to Ormsby Association of Carson City

3. The directors (or trustees) and the members, if any, and such other persons or public officers, if any, as may be required by the articles, have approved the amendment. The vote by which the amendment was adopted by the directors and members, if any, is as follows: *

Vote of Directors: XX

Vote of Members:

4. Signature: (required)

X

Signature of Officer

President

Title

* A majority of a quorum of the voting power of the members, or as may be required by the articles, must vote in favor of the amendment. If any proposed amendment would alter or change any preference or any relative or other right given to any class of members, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of a majority of a quorum of the voting power of each class of members affected by the amendment regardless of limitations or restrictions on their voting power. An amendment pursuant to NRS 81.210 requires approval by a vote of 2/3 of the members.

FILING FEE: \$50.00

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Amend Nonprofit -After
Revised: 3-12-09

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

February 9, 2011

CONFIDENTIAL

THE ORMSBY ARC
PO BOX 491
CARSON CITY, NV 89702

Dear *Mary*

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

990-EZ - Short Form 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.

Federal Filing Instructions

Your Form 990-EZ for the year ended 6/30/10 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Strong McPherson & Company
202 S Pratt Ave
Carson City, NV 89701

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Also 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,

McP

Strong McPherson & Company

Form **990-EZ**

Short Form 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)

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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.	C Name of organization THE ORMSBY ARC		D Employer identification number 88-0106559
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 491		E Telephone number 775-882-8520
		City or town, state or country, and ZIP + 4 CARSON CITY NV 89702		F Group Exemption Number ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ **INFO@ORMSBYARC.ORG**

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

J Tax-exempt status (check only one) — 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **477,021**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	432,719
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments See Statement 1	3	240
	4	Investment income	4	16
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	1,111
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,111	
7a	Gross sales of inventory, less returns and allowances	7a	42,935	
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	42,935	
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	477,021	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	389,118
	13	Professional fees and other payments to independent contractors	13	44,820
	14	Occupancy, rent, utilities, and maintenance	14	42,882
	15	Printing, publications, postage, and shipping	15	185
	16	Other expenses (describe ▶ See Statement 2)	16	41,071
17	Total expenses. Add lines 10 through 16	17	518,076	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-41,055
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	47,868
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3	20	7,972
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	14,785

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,490	715
23 Land and buildings	41,267	41,267
24 Other assets (describe ▶ See Statement 4)	57,726	90,608
25 Total assets	105,483	132,590
26 Total liabilities (describe ▶ See Statement 5)	57,615	117,805
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,868	14,785

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ None		
42a	The organization's books are in care of ▶ MARY WINKLER Telephone no. ▶ 775-882-8520 PO BOX 491 Located at ▶ CARSON CITY, NV ZIP + 4 ▶ 89702		
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)? 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.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Rows 46, 47, 48, 49a, 49b.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

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.

DO NOT MAIL

Sign Here

Signature of officer: PAUL FERBIN, Date: PRESIDENT, Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: MICHAEL WILLIAMS, Date: 02/09/11, Check if self-employed, Preparer's Identifying Number: P00566278, Firm's name: Strong McPherson & Company, 202 S Pratt Ave, Carson City, NV 89701, EIN: 88-0158829, Phone: 775-882-4460

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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: (For lines 1 through 11, check only one box.)

- 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).
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).
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 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s).

Table with 7 main 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. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	674,864	420,201	443,545	446,754	432,719	2,418,083
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	80,771	64,885	52,814	49,711	44,302	292,483
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	755,635	485,086	496,359	496,465	477,021	2,710,566
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	73,211	59,885	47,814	44,711		225,621
c Add lines 7a and 7b	73,211	59,885	47,814	44,711		225,621
8 Public support (Subtract line 7c from line 6.)						2,484,945

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	755,635	485,086	496,359	496,465	477,021	2,710,566
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	402	52	24	24		502
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	402	52	24	24		502
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	756,037	485,138	496,383	496,489	477,021	2,711,068
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	91.66%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. 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

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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 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 2010. 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 instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	9,300
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,788

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 2009	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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 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		9,300	7.0	HY	200DB	1,329
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2009 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 instructions	22	15,417
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	

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES	\$ 240
Total	\$ 240

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
OFFICE	3,408
MILEAGE	3,634
BOARD EXPENSES	116
INSURANCE	10,043
TRANSPORTATION EXPENSES	11,115
RESPIRE CARE	200
STORAGE	2,047
WORKERS COMP	5,395
BANK CHARGE	778
EQUIPMENT MAINTENANCE	2,693
ADVERTISING	371
DIRECT CLIENT EXPENSES	1,271
Total	\$ 41,071

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Book / Tax Deprec Difference	\$ 7,972
Total	\$ 7,972

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 34,515	\$ 64,843
BUILDING/EQUIPMENT	223,725	242,325
Less Accumulated Depreciation	208,437	223,853
IDLE BAKERY EQUIPMENT	7,923	7,293
	57,726	90,608

Federal Statements

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 12,802	\$ 14,623
LOAN FROM OFFICERS	44,813	103,182
	<u>57,615</u>	<u>117,805</u>

Short Form 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)

OMB No. 1545-1150

2009

Open to Public Inspection

Form **990-EZ**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

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.	C Name of organization THE ORMSBY ARC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 491 City or town, state or country, and ZIP + 4 CARSON CITY NV 89702	D Employer identification number 88-0106559 E Telephone number 775-882-8520 F Group Exemption Number
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● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G Accounting method:** Cash Accrual
Other (specify) ▶

I Website: ▶ INFO@ORMSBYARC.ORG **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **477,021**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		432,719	
	2 Program service revenue including government fees and contracts			
	3 Membership dues and assessments See Statement 1		240	
	4 Investment income		16	
Revenue	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	1,111	
	b Less: direct expenses other than fundraising expenses	6b		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,111	
	7a Gross sales of inventory, less returns and allowances	7a	42,935	
	b Less: cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	42,935	
	8 Other revenue (describe ▶ _____)	8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	477,021	
Expenses	10 Grants and similar amounts paid (attach schedule)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	389,118	
	13 Professional fees and other payments to independent contractors	13	44,820	
	14 Occupancy, rent, utilities, and maintenance	14	42,882	
	15 Printing, publications, postage, and shipping	15	185	
	16 Other expenses (describe ▶ See Statement 2)	16	41,071	
	17 Total expenses. Add lines 10 through 16	17	518,076	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-41,055	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	47,868	
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3	20	7,972	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	14,785	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	6,490	22	715
23 Land and buildings	41,267	23	41,267
24 Other assets (describe ▶ See Statement 4)	57,726	24	90,608
25 Total assets	105,483	25	132,590
26 Total liabilities (describe ▶ See Statement 5)	57,615	26	117,805
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,868	27	14,785

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. None		
42a	The organization's books are in care of MARY WINKLER Telephone no. 775-882-8520		
	PO BOX 491 ZIP + 4 89702		
	Located at CARSON CITY, NV		
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)?		X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
		43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

THE ORMSBY ARC

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

DO NOT MAIL

Sign Here Signature of officer: **PAUL FERBIN** Date: _____
 Title: **PRESIDENT**
 Type or print name and title.

Paid Preparer's Use Only Preparer's signature: **MICHAEL WILLIAMS** Date: **02/09/11** Check if self-employed:
 Preparer's Identifying Number (See instr.): **P00566278**
 Firm's name (or yours if self-employed): **Strong McPherson & Company** EIN: **88-0158829**
 address, and ZIP + 4: **202 S Pratt Ave** Phone no.: **775-882-4460**
Carson City, NV 89701

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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: (For lines 1 through 11, check only one box.)

- 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).
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...
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
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?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the supported organization(s).

Table with 7 main 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. Includes a Total row at the bottom.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 through 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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test—2009; 16b 33 1/3 % support test—2008; 17a 10%-facts-and-circumstances test—2009; 17b 10%-facts-and-circumstances test—2008; 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	674,864	420,201	443,545	446,754	432,719	2,418,083
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	80,771	64,885	52,814	49,711	44,302	292,483
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	755,635	485,086	496,359	496,465	477,021	2,710,566
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	73,211	59,885	47,814	44,711		225,621
c Add lines 7a and 7b	73,211	59,885	47,814	44,711		225,621
8 Public support (Subtract line 7c from line 6.)						2,484,945

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	755,635	485,086	496,359	496,465	477,021	2,710,566
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	402	52	24	24		502
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	402	52	24	24		502
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	756,037	485,138	496,383	496,489	477,021	2,711,068

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	91.66%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. 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

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Form **4562**

2009

Department of the Treasury
Internal Revenue Service

Attachment
Sequence No. **67**

▶ 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	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 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 2010. 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 instr.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	9,300
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	4,788

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 2009	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 ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 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		9,300	7.0	HY	200DB	1,329
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2009 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 instructions	22	15,417
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.

Form **4562** (2009)

There are no amounts for Page 2

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES	\$ 240
Total	\$ 240

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
OFFICE	3,408
MILEAGE	3,634
BOARD EXPENSES	116
INSURANCE	10,043
TRANSPORTATION EXPENSES	11,115
RESPIRE CARE	200
STORAGE	2,047
WORKERS COMP	5,395
BANK CHARGE	778
EQUIPMENT MAINTENANCE	2,693
ADVERTISING	371
DIRECT CLIENT EXPENSES	1,271
Total	\$ 41,071

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Book / Tax Deprec Difference	\$ 7,972
Total	\$ 7,972

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 34,515	\$ 64,843
BUILDING/EQUIPMENT	223,725	242,325
Less Accumulated Depreciation	208,437	223,853
IDLE BAKERY EQUIPMENT	7,923	7,293
	57,726	90,608

Federal Statements

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 12,802	\$ 14,623
LOAN FROM OFFICERS	44,813	103,182
	<u>57,615</u>	<u>117,805</u>

Guidelines for Grants

Fiscal Year 2011-2012

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 23, 2011**. An electronic pdf version may also be e-mailed to cceo@carson.org.


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.

Ormsby Association of Carson City
Name of Program


Project Director Signature

2/23/11
Date

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

 Ormsby Association of Carson City
P. O. Box 491 • Carson City, NV 89702-0491 • (775) 882-8520

February 23, 2011

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

Dear Ms. Busse:

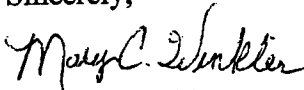
Attached is our Application for Community Support Services funding for Fiscal Year 2011-2012. Once again, our grant is for unfunded Occupancy costs for our Training Programs. In some instances, we have written in the information, as I could not get the computer to allow me access.

Also included is our Annual Report for 2010-2011. I have also included copies of our name change. Only the name has changed. Everything else remains the same. This change was due to the high cost for us to belong to the National ARC.

Our request and information do not change much from year to year, as we are always fighting to maintain programs. As usual, the funding from Carson City is extremely important to us. We truly appreciate the assistance Carson City has given us over the past years and hope they will be able to continue their assistance.

Thank you for the opportunity to apply for this funding. 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
Name Change Information

IRS 990
Annual Report for Fiscal 2010-11
Signed Guidelines