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CARSON CITY
EXECUTIVE OFFICES

Carson City, a Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2012-2013

Name of Organization: Capital City Circles Initiative

Amount Requested: \$7,500

Contact Person: Brenda Silis, Circles Coordinator

Mailing Address: 2621 Northgate Lane, Suite 10

City: Carson City State: NV Zip Code: 89706

Phone Number: 775 315 9469 E-mail: capitalcitycircles@gmail.com

501(c)3 Taxpayer I.D. Number: 94-3328209

Date Submitted: January 30, 2012

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

1 Carson City Community Support Services
APPLICATION FOR GRANT FUNDS
Fiscal Year 2012-2013

Organization Information

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

The Capital City Circles Initiative is a cooperative community effort to elevate people out of poverty by intentionally creating relationships across class lines, and empowering people in poverty to chart their own course toward self-sufficiency.

2. How long has your organization been in existence? 5 Years 6 Months

How long has your organization been in Carson City? 5 Years 6 Months

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

Circles recruits motivated families from the Carson City community who desire to move out of poverty and into a life of self-sufficiency. Recruited participants attend an intensive 20-week "Getting Ahead" workgroup with a curriculum based on Ruby Payne's "Bridges Out of Poverty." In the workgroup, participants identify and investigate behaviors that have prevented them from leading a financially secure life. Once they complete the workgroup, participants are matched with community volunteers - "Allies." The deliberate friendships that Circles fosters between program participants and Allies is a key component of the program, these friendships cross socioeconomic lines and provide participants with invaluable support and encouragement as they meet their goals.

Another key component of Circles is continued participation by "Getting Ahead" graduates - now called "Circle Leaders" - and newly recruited allies in weekly community meetings. The focus of the meetings is to provide content, guest speakers, opportunities for service, communication and leadership - all with the goal of supporting the Circle Leaders as they develop the social, organizational, spiritual, and financial skills to emerge from generational and situational poverty. These meetings are a collaborative effort between government, faith-based organizations, local businesses, educational institutions, and the community at large. These meetings are held in local churches, with community volunteers providing meals and child care. Programs during 2011 included a parenting class; a smoking cessation presentation; job searching and workplace etiquette presented by JOIN; a question and answer session with a marriage and family therapist; and presentations by Nevada Legal Services, the Ron Wood Center, Big Brothers Big Sisters, and the Carson City School District Kids in Transition program

Community building, family self-sufficiency and reciprocity are the foundation of Circles. All Circle Leaders currently involved in the program are practicing some sort of reciprocity. This practical strategy not only stretches the program's resources as far as possible - as participants gradually take on volunteer duties including leadership roles - it offers the younger generation in participating families a model of community-oriented, proactive behavior.

It is important to understand that the Circles program is very labor-intensive. Staff, Allies, other volunteers, and the Circle Leaders (and their families) make a substantial commitment of time to the program. It takes eighteen months to two years for a Circles family to gain economic self-sufficiency. This is two years of weekly meetings, volunteer activities, goalsetting and working toward goals, establishing relationships, and gaining the social, organizational and work skills necessary to thrive. The overall number of people served by Circles seems small compared to other anti-poverty groups. However, these groups, while certainly serving a valuable function, are not as engaged in the lives of program participants, nor are other programs as comprehensive in their approach to ending poverty within specific families and their unique family structures. The benefit to the community by this approach, however, is large: we expect that successful Circle Leaders will no longer use any public assistance.

4. How many people do you intend to serve during this Fiscal Year 2012-2013?

of Youth 37 # of Adults 42 # of Seniors 13

5. How many people served this Fiscal Year 2012-2013 will be Carson City residents?

of Youth 37 # of Adults 37 # of Seniors 10

*All Circle Leaders are and must be Carson City residents to be eligible for services.

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

of full-time employees 1 paid # of part-time employees 0 paid and 54
volunteers

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): While we intend to use all of this funding toward paying the salary of our program coordinator, her position is more program delivery than administrative. She interviews and selects program participants; organizes and leads all "Getting Ahead" sessions; organizes all ongoing communication with program participants, Allies, and other volunteers; and serves as a coach and counselor for Circle Leaders. Other administrative duties - budgeting, newsletters, website management, grantwriting - are done by volunteers.

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

It is a fundamental value of the Capital City Circles Initiative that the Circle Leaders themselves take primary responsibility for their journey out of poverty, with the entire community – from volunteer Allies to paid staff to board members and the many other volunteers taking part in the program – drawing around them in circles of encouragement and support. Circle Leaders are encouraged to assume leadership roles both within the program and in the larger community as they become more economically stable, thus giving back to the community and completing a circle of reciprocity. The management structure that has evolved to carry out this work consists of a board of directors tasked with fiscal oversight, fundraising, and identifying and developing community support for Circles. A Guiding Coalition consisting of Circle Leaders and Allies directs the evolution of the program. Circles has one paid staff - a full-time Program Coordinator.

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

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Shelly Aldean	President	885-8282
Anne Macquarie	Vice President	882-4898
Mary Pierczynski	Secretary	883-6876
Linda Ritter	Treasurer	884-4250
Brenda Silis	Circles Coordinator	315-9496

Program/Proposal Information

10. Amount of funds requested? \$ 7,500
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.

Circles targets the working poor population of Carson City. This grant will cover a portion of the salary of the Circles Coordinator. This will be our fifth year offering the Circles program. Last year we transitioned to a fully independent operation, leaving the "umbrella" of Carson City Health and Human Services. We continue to develop working relationships with Carson City's other organizations serving people living in poverty, including the Ron Wood Family Resource Center, FISH, the Salvation Army, and Carson City Health and Human Services. The leadership of all these longstanding community organizations have told us that they view Circles – with its emphasis on skills building, relationships, and self-reliance - as a critical and effective component of Carson City's efforts to alleviate poverty in our city. We continue to receive referrals from these organizations, and have built closer ties this year through ongoing coordination meetings.

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):

Carson City Goals met by Circles:

A Safe and Secure Community:

Working families who are an active part of their community do not commit crimes and threaten the security of their neighbors. By engaging families living in poverty in a self-help network of communication, education, and friendship, Circles is taking individuals who were formerly isolated and helping them to become leaders of their families and their community. These newly fledged leaders then become role models for friends and family.

A Healthy Community:

Working families are better able to provide good nutrition and adequate healthcare to their children. In addition to this, current Circles families are actively engaged in initiatives that will improve the overall health of the community. In one initiative last year, discussions with local dentists resulted in agreements with two dentists for lower-cost treatments for qualified families. Two other dentists have offered free dental health education to families in need. This year, Circles families will attend a class on nutrition and preparing inexpensive, nutritious meals for their families. Circles families are encouraged to allow their children to participate in organized sports: this year five Circles families, who had never done so before, enrolled their children in organized sports programs.

An active and engaged community and a physically and socially connected community:

Connection and engagement is what Circles is about. Circle Leaders and Allies foster and maintain active friendships: these friendships, we have found, continue to grow, drawing more friends of friends into the circle of support. Circles also engages with the local business community in many ways, including serving as an employment reference for Circle Leaders. Circle Leaders and Allies continually reach out to the community, presenting to service clubs, churches, and business groups regularly. Circle Leaders volunteer in the community. Last year, Circle Leaders volunteered at Ron Wood Family Resource Center (food bank, packing holiday meals & distribution); FISH (Thrift store); Salvation Army (Holiday Sign-Up, Packing Holiday Meals & Distribution, Set up of Warehouse, & Walk Thru Shopper for Christmas Program); Carson City Health & Human Services (Homeless Connect- Cutting Hair & Handing Out Circles Info.); Noon Rotary Club Fundraiser; Computer Corps; National Night Out (Handing Out Circles Information); Shop With A Hero (Gift Wrapping); Educare Montessori Academy (Daycare 12 toddlers arts & crafts); Fremont Elementary School; Fritsch Elementary School; churches; and sports events.

A community where information is available to all:

Circles staff and volunteers act as brokers of information, through trainings and presentations bringing to the community at large information on poverty issues in the community.

Measurable Outcomes:

The goal of Circles is for all participating families to achieve economic self-sufficiency. This process generally takes eighteen months to two years after the family completes the Getting Ahead training, and there are many milestones, small and large,

along the way. We currently are designing an evaluation system to track the outcomes of our program and the progress of Circles participants toward economic self sufficiency. This evaluation system will consist of focused interviews with Circle Leaders at set intervals during their engagement with the program. This evaluation strategy will be in place by the end of this year.

Circles volunteer and Ally, Steve Shaw (former Administrator of the Division of Child and Family Services of the State of Nevada) has calculated the value of this economic self sufficiency to the community in terms of reduced cost of TANF, food stamps, Medicaid, Section 8 rental housing subsidies and child care subsidy at \$33,801 per family annually.

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.

Who will benefit from funds:

The Circles program benefits not only the families involved, but the entire community. The goal of the program is to permanently break the cycle of poverty and ensure self-sufficiency through the next generation. As the necessary resources and support are provided to Circles families by their circle of support, they become less dependent on social services and other assistance programs, thus alleviating the burden of support by state and local governments and taxpayers.

See section 11, above, for an estimate of the social services cost savings per family, as families become financially self-sufficient.

How program will be funded in future years:

Circles relies upon public and private grant funding and donations from individuals for support. Last year we completed a five-year strategic plan that made the development of recurring, dependable funding a principal goal. Efforts continue to identify and develop ongoing support, and we think we are making progress despite the difficult and competitive giving environment in northern Nevada. In 2011, our end-of-year appeal letter generated five times the response as previous appeals. Circles was a beneficiary of the Carson City Noon Rotary Club's annual fundraising event and will be again this year, as well as receiving support from other local service clubs. This year Circles will carry out its own fundraising event for the first time; an event that we plan to continue annually. We have just contracted with a professional fundraiser skilled and knowledgeable about regional grantmakers, who will help us identify donors and fine-tune our appeals.

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?

Carson City's Department of Health and Human Services and nonprofit agencies such as FISH, Advocates to End Domestic Violence, the Salvation Army, Food for Thought, and the Ron Wood Family Resource Center provide a spectrum of services to families living in poverty. The place of Circles in this spectrum is to be the program that allows families to permanently end reliance on public support. It is not for everyone - families must be ready to put in the intense effort it takes to change old habits of dependency. Professionals at Carson City's social services organizations have recognized how Circles helps families move on from poverty. Circles is seen as complementing, rather than competing with these agencies, and families are referred to Circles by them. In 2011, these agencies began to meet regularly in an effort to better coordinate services and referrals, and avoid duplication of services. Circles is taking part in this coordination effort. In another partnership, Nevada Legal Services recently closed their office in Carson City. Now NLS clients - many of whom cannot afford automobiles and are unable to drive - must go to Reno to obtain services. Circles and NLS are currently negotiating use of office space for NLS in the Circles office two days per week to serve these Carson City residents.

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

attached

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

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
2011	\$6,000	Program support
2010	\$6,075	Program support
2009	\$7,500	Program support

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 2011-2012 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).



The Capital City Circles Initiative

"Building Self-Sufficiency, One Family At A Time"

www.capitalcitycircles.org

Board of Directors

*Shelly Allean
President*

*Anne Macquarie
Vice President*

*Linda Ritter
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*Mary Pierezynski
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Tom Armstrong

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Collie Hutter

Sara Jones

JW Lazzari

Marilyn Lewis

Marla Morris

Jr. Jeff Paul

Jon Rogers

Brenda Silis

Marcia Steeves

Jenny Treece

Roger Williams

Kathy Wolfe

January 30, 2012

Mr. Larry Werner
Carson City City Manager
Carson City Board Of Supervisors
201 North Carson Street, Suite 2
Carson City, NV 89701

Dear Mr. Werner and Carson City Supervisors:

Please find enclosed an original and nine copies of an application from the Capital City Circles Initiative for Community Support Services funding for FY 2012-2013. Please let me know if you need any further information. I look forward to having the opportunity to tell the review committee more about The Capital City Circles Initiative.

Sincerely,

Brenda Silis
Circles Program Coordinator
Capital City Circles Initiative

Guidelines for Grants

Fiscal Year 2012-2013

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 2, 2012.
- 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 January 31, 2012**. 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.

Capital City Circles Initiative
Name of Program


Project Director Signature

01/30/2012
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

Annual Report
For Community Support Services Funding
Fiscal Year 2011-2012

Name of Organization: **Capital City Circles Initiative**

Program/Project: **same**

Amount of Funds Received **\$6000.00**

Contact Person: **Brenda Silis, Circles Coordinator**

Mailing Address: **2621 Northgate Lane, Suite 10**

City: **Carson City** State: **Nevada** Zip Code: **89706**

Phone Number: **(775) 315-9469** E-mail: **capitalcitycircles@gmail.com**

Date Submitted: **January 30, 2012**

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.

See Attached

2. Evaluate your achievement of the measurable outcomes listed in your application:

During the fiscal year, the Circles Initiative assisted a total of 13 adults (Circle Leaders) and 17 children, in addition to 25 Allies/Facilitators. The assistance provided to the Circles families was in the form of continued training, support from their Allies and advocacy. The services provided to the Allies/Facilitators was in the form of training and coaching on the Circles model.

Three participants were homeless when they came to Circles, now they all have a place to live.

Three families have moved into larger housing.

One of our Circle Leaders opened her own small business - a beauty salon.

One Getting Ahead Graduate obtained employment as the Food and Beverage Supervisor for a local casino.

One of our Circle Leaders managed a large beauty salon for some time.

Two Circle Leaders quit smoking.

Two Circle Leaders got extensive dental work improving their self-esteem.

One Circle Leaders obtained her driver's permit.

Multiple Circle Leaders have opened bank accounts.

The children of five families participated in extracurricular activities for the first time.

One of our Circle Leader started a small garden with her two children.

The child of a Circle Leader started a garden with the family's Allies.

Four families successfully completed 7 weeks of parenting classes.

One of our Circle Leaders has paid off all of her debt.

Circle Leaders are slowly getting off of public assistance.

The art of one of our Circle Leaders was on display at the Brewery Arts Center.

A Circle Leader served as a facilitator for our 3rd Getting Ahead Group.

A Circle Leader participated in the Homeless Connect- doing free haircuts.

Various Circle Leaders have done volunteer work to increase their employability skills.

Various Circle Leaders have received dental care & medical care on a sliding pay scale.

One Circle Leader is now receiving counseling on a sliding scale.

One of our Circle Leaders is attending Parenting Classes with her Ally.

A Circle Leader received a \$700 bonus for top business at the store she oversees.

Various Circle Leaders have gone on job interviews.

Various Circle Leaders have obtained employment.

A Circle Leader has completed her GED.

Various Circle Leaders are continuing their education- attending GED and College classes, Vocational Rehabilitation, and massage therapy classes.

Circle Leaders have been practicing reciprocity by volunteering in the community.

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

A total of 13 adults and 17 kids were assisted in addition to 25 Allies/Facilitators.

All 13 families and their children are Carson City residents, all Allies/Facilitators are residents of Carson City with the exception of 7.

The list of benefits can be found in section 2 above.

Weekly meetings are held to provide Circle Leaders an opportunity to meet with their Allies, receive training and community presentations that enrich all aspects of their lives while addressing their needs. In addition participants are encouraged and provided an opportunity to take on leadership roles within the initiative.

Carson City community members have been exposed to the realities of poverty thru Circles presentations as well as thru 2 Poverty Simulations which were attended by a total of 112 community members.

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

By permanently breaking the cycle of poverty and ensuring that the next generation lives a life of self-sufficiency, the dependence on social services and other assistance programs are alleviated and the burden of support from all citizens are reduced. It has been conservatively estimated that the cost of poverty exceeds \$33,800 for each family annually. This number represents the annual value of the services provided by government agencies as follows:

TANF	\$6,400
Food Stamps	\$5,300
Medicaid	\$8,100
Section 8 Rental Subsidy	\$7,700
Childcare Subsidy	\$6,300

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

Circles plans to continue carrying out its mission of “Building Self-Sufficiency, One Family At A Time” for years to come. It takes an average of 18 to 24 months of support, commitment, hard work and determination after being matched in a Circle for a family or individual to be completely off of all public assistance.

Families actively participate in the weekly meetings as well as in the community during their journey towards financial stability. All Circles families are expected to practice reciprocity within the initiative as well as in our community.

We anticipate to fund the Capital City Circles Initiative in the future thru fund raising, grants, donations and thru community support. In addition to grants, local churches, community service clubs, financial institutions and private donors are currently supporting Circles financially. Examples of such supporters are the First United Methodist Church, St. Peter's Episcopal Church, First Presbyterian Church, St. Teresa of Avila Catholic Community, Noon Rotary Club, Carson City Democratic Women Group, We of the World Group, and Citi National Bank amongst others.

For the first time since Circles was established a Circles fundraiser will be taking place in March 2012 which we plan on holding annually.

Fund raising efforts will continue in order to provide more families a hand up so they can achieve financial stability enabling them to lead a life of self sufficiency.

6. Describe any challenges that impacted your program.

In this fiscal year we were faced with the challenge of being on our own after

leaving the “umbrella” of the City of Carson City. We have had to secure an office location as well as completely furnish the office space. Another challenge for Circles has been securing larger funding so that more participants can be provided services in these challenging economic times.

ATTACHMENTS

501(c)3 Designation Letter from the IRS

Circles Annual Budget

IRS form 990

Annual Report FY 2011-2012

Guidelines for Grants



Department of the Treasury
Internal Revenue Service

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

In reply refer to: 4077550279
Aug. 11, 2008 LTR 4168C 0
94-3328209 000000 00 000
00024821
BODC: TE

THE CAPITAL CITY CIRCLES INITIATIVE
HEALTHSMART
900 E LONG ST
CARSON CITY NV 89706-3129005



14716

Employer Identification Number: 94-3328209
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 25, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in January 2003, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(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.

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

Sincerely yours,

Cindy Westcott
Manager, EO Determinations

**Capital City Circles Initiative
Annual Budget**

Revenues:	Cost / Unit	Units	2011/2012 Annual Budget	
St. Peters Church				
St. Teresa Church			\$1,500.00	
Carson City			\$6,000.00	
Partnership Carson City			\$10,000.00	
Restricted Donations				
In-kind Donations:				
Publications - Printing and Reproduction			\$2,300.00	
Unrestricted Donations				
City National Bank			\$2,500.00	
Wells, Cord, Hawkins & Kellog Foundations	\$10,000 each		\$40,000.00	
Special Events			\$20,000.00	
Revolving Loan Fund Repayments				
	Total		\$82,300.00	
Expenses:				
Personnel (Circles Coordinator)	\$1,994.00	x	26	\$51,844.00
Cleaning	\$10.00	x	12	\$120.00
Graduation	\$350.00	x	1	\$350.00
Liability Insurance	\$1,450.00	x	1	\$1,450.00
Licenses and Permits	\$250.00	x	1	\$250.00
Marketing	\$300.00	x	1	\$300.00
Poverty Simulation	\$-	x		\$-
Office Supplies	\$50.00	x	12	\$600.00
Postage and Delivery	\$200.00	x	1	\$500.00
Printing and Reproduction	\$1,000.00	x	1	\$1,000.00
Program Expense - Child Care	\$50.00	x	52	\$2,600.00
Program Expense - Materials	\$30.00	x	20	\$600.00
Program Expense - Meals	\$150.00	x	52	\$7,800.00
Program Expense - Stipends	\$120.00	x	20	\$2,400.00
Website	\$200.00	x	1	\$200.00
Telephone	\$50.00	x	12	\$600.00
Training	\$1,000.00	x	1	\$1,000.00
Utilities	\$240.00	x	12	\$2,880.00
Other Supplies	\$70.00	x	4	\$280.00
	Total			\$74,774.00

****Note:** Cash balances from prior years operations are not reflected in current revenues or expenses.

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public
Inspection

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 2011

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

C Name of organization
 Capital City Circles Initiative
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
 2621 Northgate Lane 10
 City or town, state or country, and ZIP + 4
 Carson City, NV 89706

D Employer identification number
 94 3328209

E Telephone number
 775-883-6508

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ capitalcitycircles.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	87,899
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	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	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$20 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	20	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	87,919	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	48,061
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	466
	15 Printing, publications, postage, and shipping	15	448
	16 Other expenses (describe in Schedule O)	16	12,036
	17 Total expenses. Add lines 10 through 16 ▶	17	61,003
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	26,916
	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	85,700
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	948
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	113,564

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
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 tax year covered by this return?		✓
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
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 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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		✓
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ <u>Linda Ritter</u> Telephone no. ▶ <u>775-884-4250</u> Located at ▶ <u>4250 Hobart Road, Carson City, NV</u> ZIP + 4 ▶ <u>89703</u>		
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)?	Yes	No
42b			✓
	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.?		✓
	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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		✓
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48 Is the organization 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?		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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: *Shelly Aldean*
 Date: 10/13/2011
 Shelly Aldean, President
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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

Capital City Circles Initiative

Employer identification number

94 3323206

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 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		\$ 2,900	\$ 36,519	\$ 82,028	\$ 87,899	\$ 209,346
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		\$ 2,900	\$ 36,519	\$ 82,028	\$ 87,899	\$ 209,346
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						\$ 209,346

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Capital City Circles Initiative

Employer identification number

94-3328208

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Capital City Circles Initiative	Employer identification number 94-3328200
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Partnership Carson City ----- PO Box 613 ----- Carson City, NV 89702 -----	\$ 21,666	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Robert S and Dorothy Keyser Foundation ----- 4795 Caughlin Parkway, Suite 100 ----- Reno, NV 89519 -----	\$ 20,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Eaglemark Savings Bank ----- PO Box 21909 ----- Carson City, NV 89721 -----	\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	St Peters Episcopal Church ----- 305 N. Minnesota ----- Reno, NV 89512 -----	\$ 7,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Rotary Foundation ----- PO Box 504 ----- Carson City, NV 89702 -----	\$ 7,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Consolidated Municipality of Carson City ----- 201 N Carson Street ----- Carson City, NV 89701 -----	\$ 5,075	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Capital City Circles Initiative	Employer identification number 94-3328209
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	St Teresa's Catholic Church, Catholic Community Services of Northern Nevada, 500 E. 4th St. Reno, NV 89512	\$ 5,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization Capital City Circles Initiative	Employer identification number 94-3328209
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Other Expenses:

Child Care	\$ 100
Materials	\$ 888
Stipends	\$ 2,478
Training	\$ 1,363
Events / Marketing	\$ 1,140
Telephone	\$ 713
Supplies	\$ 722
Program Expense	\$ 293
Postage and Delivery	\$ 143
Insurance	\$ 1,434
Miscellaneous	\$ 1,252
Meals	\$ 1,254
Licenses	\$ 250
TOTAL	\$12,030

Line 20. Changes in net assets of fund balances: An Audit was completed after filing the 2009 IRS Form 2010. The correct Assets

are as follows:	Audited	Reported on Form 990ez, 2009	Difference
Cash	\$81,066	\$80,023	\$ 1,043
Accounts Receivable	\$ 3,540	\$ 3,540	-0-
Equipment(Depreciation)	\$ 2,042	\$ 2,137	(\$ 95)
Total Assets	\$86,648	\$85,700	\$ 948

