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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: Ormsby Association of Carson City

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: _____

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 2012-2013

Organization Information

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

To enable people with developmental disabilities to live in the community by providing quality training programs and support to enable them to live successfully in the community and to increase their self-sufficiency.

2. How long has your organization been in existence? 43 Years 6 Months

How long has your organization been in Carson City? 43 Years 6 Months

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

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

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

of Youth _____ # of Adults 56 # of Seniors 4

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

of Youth _____ # of Adults 56 # of Seniors 4

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

of full-time employees 2 # of part-time employees 9 + 7 volunteers

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 1 This funding is not used for this purpose

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

Governed by a 5 - 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:

Name Title Phone

Paul Ferrin, President, Board of Directors. 883-1762

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.

This is an on-going program. It is to maintain programs and support services to enable adults with developmental disabilities to live successfully in the community and become contributing members of Carson City. Without support, many of those we assist would not be able to succeed in the community. We anticipate serving 60 people during the year, but this could increase according to the funding and priorities of the State. Budget cuts for this population have been substantial. This grant is to specifically fund a part of the Occupancy costs for the facility where our Training Program is housed. OACC has staff with 12 to 40 years of experience and training. Newer staff is trained and monitored with a formal training agenda.

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 accomplish is "An Active and Engaged Community." Outcomes are measured by those paying their own living expenses, taking part in community organizations, voting, and competitive employment.

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 by not adding to the numbers of homeless. OACC intends to continue to fund this project with Thrift Store revenue, grants, donations, State and Federal funding, and contracts with employers in the community.

14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs?

There are some for-profit agencies providing some segments of service in Carson City. Some provide 24-hour care in a home with multiple persons and some provide other parts of the total service. Self-sufficiency is not a goal for them. OACC is the only agency providing a continuum of services. We meet monthly with these agencies to share resources and to increase diversity of service.

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>
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2000 or earlier	\$10,000-\$20,000	
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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).



January 31, 2012

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

Dear Ms. Busse:

Enclosed is our Application for Community Support Services funding for Fiscal Year 2012-2013. As usual our request is for a portion of the Occupancy costs for our training program, the unfunded portion of our budget.

Also included is our Annual Report for 2011-2012 for Carson City funding.

The 990 for the year ended 2011 is not filed and is due March 31, 2012. The delay is due to the IRS electronic filing site being revised, and the report is required to be filed electronically. I have enclosed the 990 for the prior year.

Our request is the same as we requested last year, \$13,950. Ormsby ACC requests consideration of this amount, as we are truly struggling, and this request is extremely important to us. We are aware of the many requests Carson City receives and that they too are in need of the funding.

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

Sincerely,



**Mary C. Winkler
Executive Director**

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

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.

Ormsby Association of Carson City
Name of Program

Mary C. Winkler
Project Director Signature

1/31/2012
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: Ormsby Association of Carson City

Program/Project: To increase self-sufficiency of people with developmental disabilities and enable them to live and work in the community.

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:

Those we served this year continue to live successfully in the community and expanded their abilities to plan and cook meals, shop, take pride in their residences, decrease their dependency on welfare. Ten people, for example, who were receiving food stamps are now able to provide for themselves. Eighteen people now pay their own everyday expenses, depending on the State primarily for support assistance and health needs.

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?

All the approximately 48 people we assisted were residents of Carson City. The people placed in jobs were able to continue. We were able to keep the work group at the Western Nevada College and were able to continue all clients in our training program.

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

Kept people with developmental disabilities from being a burden to the community by paying their own expenses or less amount of public support. About 75% of the people we worked with took part and/or became involved in community activities. They are just more involved and interested.

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

This program is on-going and will continue as long as OACC is able to "hang in there" financially. We expect to continue as we have in the past - by grants (such as Carson City), by thrift store sales, through donations, and through sub-contract work from businesses in the community.

6. Describe any challenges that impacted your program.

One was the down-sizing or closing of private businesses, making placements difficult for individuals and work groups. This reduced the income of some of our clients, not unlike that of many people in the community. New Job Placements and continued placements were much more difficult. Also, the continuing freeze and/or decrease in State funding curtailed both new client placements and a cut in services for those already placed. This was a continuing challenge to keep the clients working or in training.

ORMSBY ARC BUDGET 2011-2012				
Occupancy Costs for Job Training Programs				
	Annual Budget 2011-2012	Budget 6 months	Actual 7-12,2011 6 months	
HEAT	1,200	600	422	
POWER	3,000	1,500	1,119	
TELEPHONE	3,500	1,750	1,200	
WATER	1,500	750	777	
SUPLIES (Training & Contracts)	2,800	1,400	2,567	
BLDG MAINT	600	300	453	
HOUSEKEEPING SUPPLIES	1,200	300	267	
SANITATION	4,500	2,250	2,239	
EQUIPMENT MAINT	1,000	500	738	
STORAGE	960	480	554	
TOTAL EXPENSES	20,260	9,830	10,336	
Actual for First 6 months of Carson City Grant	5,000		10,336	

Ormsby ACC
Balance Sheet
June 30, 2011

ASSETS

Current Assets		
PETTY CASH	\$	126.30
THRIFT STORE REGISTER		235.00
PETTY CASH - SLA		221.00
CASH--GENERAL		(12,343.42)
Cash Account New OACC		(45,377.12)
CASH-RESTRICTED		33.00
CASH REAL SCOOP		(25.17)
ACCOUNTS RECEIVABLE		86,753.59
AR/PRIDE		585.00
RESIDENTIALS RECEIVABLE		758.75
DEPOSITS		1,884.25
INVESTMENTS		3,199.23
DUE TO TRUST		(9,601.03)
DUE FROM REAL SCOOP		28,980.68
DUE FOR REIMBURSEMENT		253.57
PREPAID INSURANCE		5,479.32
PREPAID AUDIT		15,890.00
PREPAID INSURANCE		19,504.70
		<hr/>
Total Current Assets		96,557.65
Property and Equipment		
LAND		41,267.00
BUILDING		131,654.75
BUILDING IMPROVEMENTS		50,597.49
OFFICE EQUIPMENT		15,718.01
COMPUTER EQUIPMENT		47,354.97
TRAINING EQUIPMENT		1,870.44
TRANSPORTATION EQUIPMENT		69,444.11
HOUSEHOLD EQUIPMENT		1,739.96
BAKERY EQUIPMENT		6,038.93
HEADS UP EQUIPMENT		3,221.90
ACCUMULATED DEPRECIATION		(191,349.04)
		<hr/>
Total Property and Equipment		177,558.52
		<hr/>
Total Assets	\$	<u>274,116.17</u>

Unaudited - For Management Purposes Only
January 30, 2012 REVISED

Ormsby ACC
Balance Sheet
June 30, 2011

LIABILITIES AND CAPITAL

Current Liabilities		
FIT WH PAYABLE	\$	(1,912.63)
FICA WH PAYABLE EE		(4,302.19)
FICA-EMPLOYER SHARE ER		(1,936.77)
SUTA		(2,303.95)
DUE TO TRUST FUNDS		150.00
DUE TO TRUST		(12,838.84)
Accrued United Way		(84.87)
ACCRUED BACKGROUND CHECKS		(18.75)
ACCRUED CREDIT UNION		(20.00)
ACCRUED LIFE INSURANCE		1,254.00
ACCRUED HEALTH INSURANCE		8.18
ACCRUED HEALTH AFTER		147.99
ACCRUED AFLAC		(14.00)
ACCRUED VACATION		(16,245.13)
ACCRUED TRANSPORTATION CLIE		1,420.69
COFFEE DEDUCTION		54.20
GARNISHMENT		472.92
ACCRUED IDS		(508.70)
ACCRUED MUTUAL OF AMERICA		120.12
MORTGAGE		765.00
		<hr/>
Total Current Liabilities		14,881.65
Long-Term Liabilities		
Note from Someone		132,318.94
		<hr/>
Total Long-Term Liabilities		132,318.94
		<hr/>
Total Liabilities		147,200.59
Capital		
Beginning Balance Equity		0.03
FUND BALANCE BEG OF YEAR		129,901.37
Net Income		(2,910.82)
		<hr/>
Total Capital		126,990.58
		<hr/>
Total Liabilities & Capital	\$	274,191.17
		<hr/> <hr/>

Unaudited - For Management Purposes Only
January 30, 2012 REVISED

ORMSBY ARC - INCOME STATEMENT

June 30, 2011

	Current Month		Year to Date	
Revenues				
KINGSBURY CROSSING	\$ 0.00	0.00	\$ 600.00	0.13
MEMBERSHIP DUES	0.00	0.00	50.00	0.01
TRANSP RECEIPTS	892.00	1.66	10,228.00	2.30
DONATIONS	23,402.18	43.54	69,757.43	15.66
FUND RAISING	0.00	0.00	65.38	0.01
CARSON CITY	833.37	1.55	10,000.00	2.24
REHAB CONTRACT	0.00	0.00	0.00	0.00
Garnishment Fees	0.00	0.00	5.00	0.00
SLA - State Contracts	7,485.37	13.93	133,535.12	29.98
Asset Sales	100.00	0.19	200.00	0.04
SALES	3,200.49	5.95	34,708.98	7.79
FEES-CTC	2,794.12	5.20	30,210.05	6.78
FEES-CTC	3,288.00	6.12	47,072.06	10.57
FEES-CTC	6,574.15	12.23	79,066.19	17.75
CONTRACTS	3,466.12	6.45	22,524.15	5.06
INTEREST	0.00	0.00	0.00	0.00
ENCLAVES	1,716.00	3.19	20,471.16	4.60
Total Revenues	<u>53,751.80</u>	<u>100.00</u>	<u>458,493.52</u>	<u>102.92</u>

ORMSBY ARC - INCOME STATEMENT

June 30, 2011

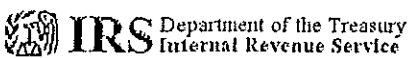
	Current Month		Year to Date	
Expenses				
SALARIES	8,368.74	15.57	84,455.75	18.96
SALARIES	2,106.54	3.92	21,971.21	4.93
SALARIES	2,960.68	5.51	23,874.42	5.36
SALARIES	2,140.64	3.98	37,890.91	8.51
SALARIES	6,392.67	11.89	79,191.95	17.78
FICA ER	1,285.01	2.39	13,591.86	3.05
FICA ER	386.56	0.72	4,533.25	1.02
FICA ER	119.68	0.22	1,375.47	0.31
FICA ER	144.30	0.27	1,932.24	0.43
FICA ER	139.04	0.26	2,387.89	0.54
MILEAGE	413.23	0.77	4,619.86	1.04
WORKERS COMP INSURANCE	99.70	0.19	513.55	0.12
WORKERS COMP INSURANCE	62.53	0.12	738.52	0.17
WORKERS COMP INSURANCE	51.22	0.10	549.51	0.12
WORKERS COMP INSURANCE	82.00	0.15	1,353.29	0.30
WORKERS COMP INSURANCE	126.35	0.24	1,407.06	0.32
SUTA	19.02	0.04	1,016.78	0.23
SALARIES-CLIENT	790.31	1.47	7,471.43	1.68
SALARIES-CLIENT	930.00	1.73	11,644.20	2.61
SALARIES-CLIENT	3,617.60	6.73	47,314.94	10.62
RETIREMENT PLAN	5.45	0.01	64.15	0.01
RETIREMENT PLAN	1.25	0.00	15.00	0.00
RETIREMENT PLAN	10.05	0.02	115.60	0.03
RETIREMENT PLAN	14.95	0.03	172.30	0.04
RETIREMENT PLAN	14.16	0.03	162.84	0.04
HEALTH INSURANCE ER	50.64	0.09	507.91	0.11
HEALTH INSURANCE ER	43.12	0.08	394.13	0.09
HEALTH INSURANCE ER	7.46	0.01	7.46	0.00
HEALTH INSURANCE ER	263.46	0.49	2,912.50	0.65
HEALTH INSURANCE ER	400.33	0.74	4,799.27	1.08
LIFE INSURANCE	(2.01)	0.00	80.43	0.02
LIFE INSURANCE	0.59	0.00	83.03	0.02
LIFE INSURANCE	0.59	0.00	83.03	0.02
LIFE INSURANCE	0.59	0.00	83.03	0.02
LIFE INSURANCE	3.01	0.01	56.53	0.01
PERS NEEDS/EXPENSES	0.00	0.00	2,170.92	0.49
INSURANCE-GENERAL	292.00	0.54	3,876.12	0.87
INSURANCE-GENERAL	292.00	0.54	1,686.12	0.38
INSURANCE-GENERAL	292.00	0.54	1,686.12	0.38
INSURANCE-GENERAL	292.00	0.54	1,686.12	0.38
INSURANCE-GENERAL	292.00	0.54	1,686.16	0.38
JAC	800.00	1.49	7,580.00	1.70
JAC	0.00	0.00	950.00	0.21
JAC	0.00	0.00	550.00	0.12
HEAT	60.62	0.11	966.47	0.22
HEAT	60.63	0.11	966.49	0.22
POWER	88.08	0.16	1,154.65	0.26
POWER	88.09	0.16	1,152.63	0.26
TELEPHONE	114.85	0.21	1,076.87	0.24
TELEPHONE	35.33	0.07	412.43	0.09
TELEPHONE	35.33	0.07	412.25	0.09
TELEPHONE	94.34	0.18	786.78	0.18
TELEPHONE	114.32	0.21	1,025.84	0.23
WATER	59.25	0.11	574.18	0.13
WATER	59.24	0.11	574.16	0.13
RENT/LEASE	356.00	0.66	4,272.00	0.96
RENT/LEASE	119.00	0.22	1,428.00	0.32
RENT/LEASE	119.00	0.22	1,428.00	0.32
RENT/LEASE	356.00	0.66	4,272.00	0.96
KINGSBURY CROSSING MAINTENA	226.50	0.42	1,132.50	0.25

For Management Purposes Only

ORMSBY ARC - INCOME STATEMENT

June 30, 2011

	Current Month		Year to Date	
OFFICE SUPPLIES	1,577.80	2.94	3,795.25	0.85
OFFICE SUPPLIES	170.80	0.32	170.80	0.04
OFFICE SUPPLIES	170.80	0.32	170.80	0.04
OFFICE SUPPLIES	170.80	0.32	298.68	0.07
OFFICE SUPPLIES	170.79	0.32	915.79	0.21
POSTAGE	0.00	0.00	72.00	0.02
BACKGROUND CHECKS	0.00	0.00	153.25	0.03
BACKGROUND CHECKS	0.00	0.00	205.50	0.05
COMPUTER SUPPLIES	0.00	0.00	229.95	0.05
BUILDING MAINTENANCE-OI	0.00	0.00	52.00	0.01
BUILDING MAINTENANCE-TS	0.00	0.00	119.97	0.03
SANITATION	186.60	0.35	2,041.91	0.46
SANITATION	186.59	0.35	2,026.11	0.45
ADVERTISING	53.06	0.10	634.56	0.14
BOARD	0.00	0.00	(403.00)	(0.09)
HOUSEKEEPING SUPPLIES	66.90	0.12	267.60	0.06
HOUSEKEEPING SUPPLIES	66.90	0.12	267.60	0.06
CONSULTANTS	0.00	0.00	226.88	0.05
SLA CONSULTANT	3,730.00	6.94	45,012.50	10.10
PROFESSIONAL FEES	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE	15.90	0.03	553.69	0.12
EQUIPMENT MAINTENANCE	15.89	0.03	530.39	0.12
EQUIPMENT MAINTENANCE	15.89	0.03	530.39	0.12
EQUIPMENT MAINTENANCE	15.89	0.03	530.44	0.12
EQUIPMENT MAINTENANCE	15.90	0.03	530.72	0.12
TRAVEL/TRAINING	0.00	0.00	150.00	0.03
TRAVEL/TRAINING	0.00	0.00	15.00	0.00
BANK SERVICE CHARGE	0.00	0.00	263.38	0.06
BANK SERVICE CHARGE	0.00	0.00	76.07	0.02
STORAGE SPACE-RENTAL	99.00	0.18	1,088.00	0.24
Total Expenses	42,025.55	78.18	461,404.34	103.58
Net Income	\$ 11,726.25	21.82	\$ (2,910.82)	(0.65)



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



025586

RECEIVED
NOV 01 2010
C-110

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
Manager, EO Determinations

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

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

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

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	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	1,111
6b	Less: direct expenses other than fundraising expenses	6b		
6c	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	
7b	Less: cost of goods sold	7b		
7c	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

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

TRAINING PEOPLE WITH DISABILITIES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

(Grants \$) If this amount includes foreign grants, check here 28a 473,756

29 (Grants \$) If this amount includes foreign grants, check here 29a

30 (Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 32 473,756

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Rows include Paul Ferrin (President, 2.00 hrs), B. Dietrich (Treasurer, 2.00 hrs), V. Bibee (VP, 1.00 hrs), S. Brohawn (Board, 1.00 hrs), T. Stortz (Board, 1.00 hrs), C. Buchanan (Board, 1.00 hrs), and J. Mahe (Board, 1.00 hrs).

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. ▶ <u>None</u>		
42a	The organization's books are in care of ▶ <u>MARY WINKLER</u> Telephone no. ▶ <u>775-882-8520</u> <u>PO BOX 491</u> Located at ▶ <u>CARSON CITY, NV</u> ZIP + 4 ▶ <u>89702</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)? 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 ▶ <u>43</u>		
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	Yes	No
46			X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
47			X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
48			X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49a			X
49b	If "Yes," was the related organization a section 527 organization?		
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."

(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.

Sign Here

Signature of officer: **PAUL FERREN** Date: **PRESIDENT**
 Type or print name and title: **PAUL FERREN**

Paid Preparer's Use Only

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

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 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?

	Yes	No
11g(i)		
11g(ii)		
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	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dotted lines for supplemental information.

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2009
 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			25 yrs.		S/L	
f 20-year property			27.5 yrs.	MM	S/L	
g 25-year property			27.5 yrs.	MM	S/L	
h Residential rental property			39 yrs.	MM	S/L	
i Nonresidential real property				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)

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

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>