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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: Partnership Carson City / United Latino Community

Amount Requested: \$ 30,000

Contact Person: Kathlyn Bartosz / John Childress

Mailing Address: 1711 N. Roop St.

City: Carson City State: Nevada Zip Code: 89706

Phone Number: 775.885.1055 E-mail: [bartosz@sbcglobal.net](mailto:bartosz@sbcglobal.net) / [johnc@carsonulc.org](mailto:johnc@carsonulc.org)

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

Date Submitted: January 23, 2012

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. All programs provided by ULC benefit Carson City by supporting healthy and substance free lifestyles for Hispanic youth and their families. In addition, meeting with the Strategic Planning Advisory Team, and Carson City constituents, ensures local ownership of the services being provided at ULC while preventing duplication of programs and filling gaps in services. A comprehensive system to address the needs of this growing population provides community cohesiveness and saves money.

2. How long has your organization been in existence? 22 Years 6 Months  
How long has your organization been in Carson City? 22 Years 6 Months

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

Partnership Carson City collaborates with non-profit and government organizations for a healthy community in which all can grow, live and learn. Together we promote efforts that:

- a) Enhance a community-wide strategic and balanced approach that builds community, family and individual assets;
- b) Decrease community and individual risk factors;
- c) Use science-based substance abuse prevention strategies;
- d) Educate the public of the inherent ills associated with drug use and gang involvement;
- e) Provide evaluation, treatment and counseling of substance abusers; and
- f) Create effective public policy to solve the social issues created by substance abuse and at-risk behaviors.

United Latino Community addresses the needs of the Latino community through integration, advocacy and education. They assist individuals and families with referrals, translations, service applications, job placement, advocacy, citizenship classes, and much needed legal advice. In addition, ULC has increased the reach of assistance to the community through the:

- a) evaluation of relevant services currently being offered;
- b) study of current gaps in services;
- c) assessment and encouragement of collaboration among agencies;
- d) a safe haven for members of the Latino community; and
- e) incorporation of best practices into the organization.

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

# of Youth 125 # of Adults 1,500 # of Seniors 500

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

# of Youth 125 # of Adults 1,300 # of Seniors 400

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

# of full-time employees   0   # of part-time employees   3  

**7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc):**   12%  

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

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

Jack Araza	President	Psychologist
Molly Walt	Vice Pres.	City Supervisor
Lynne Conrad	Sect./Treas.	School Bd Member and Physicians Asst.
Ron Kendall	Member	LADS Director
John Simms	Member	Chief JPO, Carson City
JoAnne Skelly	Member	Director Cooperative Extension
Catherine Thayer	Member	Attorney
Tish Carpenter	Member	School Administrator -retired
Donna Curtis	Member	Grants Manager - retired
Barry Smith	Member	Director, NV. Press Association

**Program/Proposal Information**

10. Amount of funds requested? \$   30,000  

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.

Partnership Carson City assumed responsibility for the only agency in Carson City dedicated solely to supporting the Latino population. Partnership Carson City recognized the need to provide culturally sensitive services and applied to be the fiscal agent for the NHS office in Carson City and renamed the agency United Latino Community (ULC). The City Supervisors made the commitment to support PCC as the fiscal agent for ULC and awarded them \$37,000 in 2009 and \$26,000 in 2010 and \$26,000 in 2011.

Since 2009, ULC has continued to offer family advocacy, parenting classes, translation services, youth programs, citizenship classes, referrals, and legal assistance. In 2011, PCC hired a half-time Director and Strategic Planner to seek funding opportunities, coordinate ULC services, and meet with the Strategic Planning Advisory Team.

This proposal will allow ULC to: continue to operate existing services, create a youth enrichment program for under-performing high school students, and provide victims of

domestic violence with a ULC advocate. In addition, after last year's assessment, ULC will implement a strategic plan to seek funding and obtain its own non-profit status. Thus far, ULC has created a board and filed their Non-Profit Articles of Incorporation – they are awaiting confirmation from the Nevada Secretary of State.

The target population for this proposal is the Latino community within Carson City, although people from Lyon and Storey County also come, with a result that over 2,300 clients were served. This is an increase of over 40% from the previous year. In the 2011 - 2012 year ULC saw another increase of approximately 30%. We anticipate seeing this trend increase due to continued growth in the Latino population and the aging of the current population requiring more and more services.

This grant funding will support a portion of current staff levels as follows: 30 hours each for the Case Manager and Family Advocate; a modest budget of \$325 per month for phone, printer/copier and supplies; 8% of insurance costs and 32 sets of citizenship training material. However, the total operations budget for ULC for 2011-2012 is \$138,123. PCC will work with ULC to generate the balance of the revenue from: service fees, fund-raisers, and grant sources. The Strategic Planning Advisory Team will be directed by our half-time Director and Strategic Planner.

PCC has demonstrated the ability to administer this project by the outcomes achieved this year, as summarized in our 201-2012 Community Service Funds report. For example, we not only maintained ULC services at the current level, but increased the number of clients served by 40%. In addition, we hired ULC's Director and Strategic Planner and created a Strategic Planning Advisory Team to work with the community to identify: needs, gaps in services, office capacity, and funding opportunities.

**12. Goals, Objectives & Measurable Outcomes:** The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):

The goal of PCC – as it relates to this proposal – is to support community efforts to provide Hispanic citizens with a safe and pro-social environment in which to live and grow. This mission will be realized through the achievement of the following goals and objectives. This grant will be from July, 2012 through June, 2013.

**Objective 1:** A minimum of 1200 residents will receive criminal, civil, immigration, and citizenship assistance. This is over a 50% increase from last year's objective.

**1.1** 100 individuals will attend citizenship classes

**1.2** 100 individuals will attend English classes taught by volunteers

**1.3** 1000 will receive some sort of legal assistance

**Objective 2:** A minimum of 1200 different family members will receive intervention services through a Hispanic Family Advocate. This is over a 50% increase from last years objective.

2.1 60 middle school students will attend ULC's after-school All-Stars program

2.2 150 victims of domestic violence will be paired with a family advocate

2.3 20 low performing high school students will be paired with tutors from the Latino Club at Western Nevada College.

2.4 70 adults will attend a 6 week parenting class taught by our lead family advocate

2.5 900 clients will receive at least one of the following services: professional translations & interpretations, assistance with service applications, job search & placement, referrals, and much needed advocacy.

**Objective 3:** ULC will acquire non-profit status by the end of the 2011 fiscal year.

**Objective 4:** A strategic Planning Advisory Team will meet monthly to address specific areas of need such as educational success, vocational training, parenting education and economic prosperity. This Team will be in place to transition into the ULC Board of Directors upon receipt of the non-profit status.

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

**13. Indicate who will benefit from the use of these funds, and how they will benefit.** If this is an ongoing event, please state how you intend to fund the program in future years.

The beneficiaries will be the Carson City community as the Latino citizens become more prosperous, engaged, and integrated into the greater community. To be more specific, those needing assistance with naturalization, vocational training, parenting training, translations, educational guidance, and community service opportunities. Once ULC acquires non-profit status, future funding will be secured through grants and corporate sponsors as well as sliding scale fees for services.

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

There are a few organizations that have bi-lingual staff available to assist with specific services, but ULC is the only coalition focused organization designed to bring all of these entities together within the community. For example, for this grant, we are partnering with ESL In-Home Program of Northern Nevada to provide 70 individuals with citizenship and English tutoring at no cost to the client. These services are vital and very popular. Currently, 30 individuals are receiving citizenship and English tutoring and 50 Carson City residents are on the waitlist. We are also partnering with the Carson City Arts Initiative and the Latino Club of Western Nevada College.

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

DESCRIPTION	CALCULATION / EXPLANATION	TOTAL
Family Advocate	12 hours a week x 52 weeks x \$12 an hour =	\$7,488.00
Case Manager	12 hours a week x 52 weeks x \$12 an hour =	\$7,488.00
Development and Programs Manager	10 hours a week x 52 weeks x \$20 an hour =	\$10,400.00
<b>TOTAL PERSONNEL:</b>		<b>\$25,376.00</b>
Supplies	\$30/month x 12 =	\$360.00
Communications	150/month x 12 =	\$1,800.00
Insurance	8% of total PCC insurance cost	\$304.00
Copier	\$30/month x 12 =	\$360.00
Citizenship Training Packets	30 units x \$60 a unit =	\$1,800.00
<b>TOTAL OPERATING:</b>		<b>\$4,624.00</b>
<b>TOTAL</b>		<b>\$30,000.00</b>

16) Has your organization been funded by Carson City previously?

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
2009	\$37,000	ULC Office Services
2010	\$26,000	ULC Office Services
2011	\$26,000	ULC Office Services

## **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

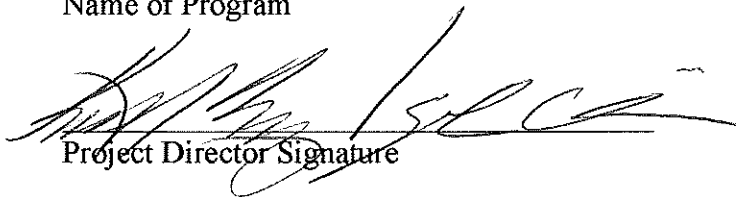
A Community Where Information is Available to All

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](mailto: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.*

UNITED LATINO COMMUNITY  
Name of Program

  
Project Director Signature

1/27/12  
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](mailto:cceo@carson.org)  
[www.carson.org](http://www.carson.org)



Carson City, a Consolidated Municipality

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

Name of Organization: Partnership Carson City  
 Program/Project: United Latino Community  
 Amount of Funds Received \$ 26,000.00  
 Contact Person: Kathlyn Bartosz / John Childress  
 Mailing Address: 1711 N. Roop St.  
 City: Carson City State: Nv. Zip Code: 89706  
 Phone Number: 775-885-1055 E-mail: bartosz@sbcglobal.net / johnc@carsonulc.org

Date Submitted: January 27, 2012

- 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.**

United Latino Community received \$26,600.00 from Carson City in July, 2011. The below accounting of expenses is for the period of 7/1/2011 through 12/31/2011.

DESCRIPTION	CALCULATION / EXPLANATION	TOTAL
Personnel	\$12,541.00	12,541.00
Contract Personnel	\$100.00	\$100.00
<b>TOTAL PERSONNEL:</b>		<b>12,641.00</b>
Office / Program Expenses	468.76	468.76
Telephone	992.65	992.65
Travel	\$527.74	527.24
Copier	278.82	278.82
Citizenship Training Packets	\$900.00	\$900.00
Utilities	\$667.00	\$667.00
<b>TOTAL OPERATING:</b>		<b>\$3,834.47</b>
<b>TOTAL</b>		<b>\$16,475.47</b>

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

**Objective 1:** A minimum of 1000 residents will receive criminal, civil, immigration, and citizenship assistance.

This goal will be met and exceeded with 600 residents receiving these services to date.

**Objective 2:** A minimum of 1000 different family members will receive intervention services through a Hispanic Family Advocate.

This goal will be met and exceeded with over 600 family members receiving services to date.

**Objective 3:** ULC will acquire non-profit status by the end of the 2011-2012 fiscal year. Non-profit status was submitted to the IRS in November, 2011 and an answer is expected by March, 2012.

**Objective 4:** A strategic Planning Advisory Team will meet monthly to address specific areas of need such as educational success, vocational training, parenting education and economic prosperity.

The Advisory Team continues to meet monthly and the Strategic Plan is in process.

**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?**

Approximately 1200 people benefitted from the services of ULC with 1000 of those being Carson City residents.

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

The entire Carson City community benefits from the services of ULC. Specifically the Latino population benefits from the coordination with the Mexican Consulate who come to the ULC offices quarterly, free tax preparation services, parenting classes and Diabetes Education programs.

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

As ULC becomes an independent non-profit agency additional government grants and corporate sponsors will be secured. Other funding will be sought through fee for services based on sliding scale rates. These services include translation and interpretation for individual citizens and also for local businesses.

**6. Describe any challenges that impacted your program.**

The director who was hired in the previous grant period left the position to accept other employment. An interim Director has been hired until the end of the 2011 fiscal year when it is hoped the Non-profit status has been obtained and the ULC Board can hire their director.

The current economic downturn experienced throughout the country has affected the ability to secure funding negatively while the same economic situation has increased the number of people needing services.



Department of the Treasury  
Internal Revenue Service

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

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

00038044

BODC: TE

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



029062

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

Dear Taxpayer:

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

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

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

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

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

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

**PARTNERSHIP CARSON CITY**

**FINANCIAL STATEMENTS**

**Year Ended June 30, 2010**

**PARTNERSHIP CARSON CITY  
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*Jackie L. Royle*

Certified Public Accountant



*P.O. Box 10374  
Reno, Nevada 89510*

*Telephone (775) 787-6092  
Fax (775) 787-6086*

## INDEPENDENT AUDITOR'S REPORT

May 25, 2011

Board of Directors  
Partnership Carson City  
Reno, Nevada

I have audited the accompanying statement of financial position of Partnership Carson City (a nonprofit organization) as of June 30, 2010, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. My responsibility is to express an opinion on these financial statements based upon my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Partnership Carson City as of June 30, 2010, and the results of its activities and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

A handwritten signature in cursive script that reads "Jackie L. Royle".

Jackie L. Royle  
Certified Public Accountant

**PARTNERSHIP CARSON CITY  
STATEMENT OF FINANCIAL POSITION  
June 30, 2010**

**ASSETS**

<b>CURRENT ASSETS</b>	
Cash and cash equivalents	\$ 149,740
Grants and contracts receivable	<u>104,527</u>
<b>TOTAL ASSETS</b>	<u>\$ 254,267</u>

**LIABILITIES AND NET ASSETS**

<b>CURRENT LIABILITIES</b>	
Due to subcontractors	\$ 48,158
Payroll taxes payable	<u>2,978</u>
<b>TOTAL CURRENT LIABILITIES</b>	<u>51,136</u>
<b>NET ASSETS</b>	
Unrestricted	164,324
Temporarily restricted	<u>38,807</u>
<b>TOTAL NET ASSETS</b>	<u>203,131</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 254,267</u>

The accompanying notes are an integral part of these statements.



**PARTNERSHIP CARSON CITY  
STATEMENT OF ACTIVITIES  
Year Ended June 30, 2010**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
<b>SUPPORT AND REVENUE</b>			
<b>Support:</b>			
Individual donations	\$ 840	\$ -	\$ 840
Government grants:			
SAPTA - SPI Grant	82,474	-	82,474
SAPTA - SPF SIG Grant	193,090	-	193,090
SAPTA - Block Grant	156,337	-	156,337
SAPTA - SGF Meth Education	27,215	-	27,215
Department of Justice - Meth Grant	35,539	-	35,539
Drug Free Community Grant	70,661	-	70,661
Carson City Grant	76,205	9,700	85,905
Carson City Grant - Latino Services	-	37,000	37,000
ARRA - Justice Assistance Grant	11,304	-	11,304
Other state grants	113,460	-	113,460
<b>Revenues:</b>			
Administrative revenues	17,698	-	17,698
Other income	4,181	-	4,181
Interest income	26	-	26
Net assets released from restrictions	<u>7,893</u>	<u>(7,893)</u>	<u>-</u>
<b>TOTAL SUPPORT AND REVENUE</b>	<u>796,923</u>	<u>38,807</u>	<u>835,730</u>
<b>EXPENSES</b>			
Program services			
Prevention services	765,748	-	765,748
Supporting services			
Management and general	14,552	-	14,552
Fundraising	<u>3,396</u>	<u>-</u>	<u>3,396</u>
<b>TOTAL EXPENSES</b>	<u>783,696</u>	<u>-</u>	<u>783,696</u>
<b>CHANGE IN NET ASSETS</b>	13,227	38,807	52,034
<b>NET ASSETS, BEGINNING OF YEAR</b>	<u>151,097</u>	<u>-</u>	<u>151,097</u>
<b>NET ASSETS, END OF YEAR</b>	<u>\$ 164,324</u>	<u>\$ 38,807</u>	<u>\$ 203,131</u>

The accompanying notes are an integral part of these statements.

**PARTNERSHIP CARSON CITY**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
Year Ended June 30, 2010

	<u>Program Services</u>	<u>Supporting Services</u>		<u>Total</u>
	<u>Prevention Services</u>	<u>Management and General</u>	<u>Fund-Raising</u>	
Salaries	\$ 132,689	\$ 7,766	\$ 1,365	\$ 141,820
Payroll taxes and insurance	15,530	909	161	16,600
Employee insurance benefits	6,194	-	-	6,194
Accounting and auditing fees	9,000	-	-	9,000
Marketing	10,955	-	1,042	11,997
Office expense	9,466	4,352	471	14,289
Program supplies	39,856	-	-	39,856
Resource materials	3,231	-	-	3,231
Professional fees	68,969	-	-	68,969
Client incentives	6,854	-	-	6,854
Telecommunications	3,058	687	172	3,917
Contract service payments	444,910	-	-	444,910
Conferences and training	9,045	-	-	9,045
Dues and subscriptions	885	100	-	985
Insurance	4,408	-	-	4,408
Miscellaneous	698	738	185	1,621
	<u>\$ 765,748</u>	<u>\$ 14,552</u>	<u>\$ 3,396</u>	<u>\$ 783,696</u>

The accompanying notes are an integral part of these statements.

**PARTNERSHIP CARSON CITY  
STATEMENT OF CASH FLOWS  
Year Ended June 30, 2010**

<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets		\$ 52,034
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
(Increase) decrease in:		
Grants and accounts receivable		13,516
Other receivables		8,941
Increase (decrease) in:		
Due to subcontractors		(24,359)
Payroll taxes payable		(2,116)
Other payables		<u>678</u>
	<b>NET INCREASE IN CASH</b>	48,694
<b>CASH AT BEGINNING OF YEAR</b>		<u>101,046</u>
<b>CASH AT END OF YEAR</b>		<u>\$ 149,740</u>

The accompanying notes are an integral part of these statements.

**PARTNERSHIP CARSON CITY  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - NATURE OF ACTIVITIES**

Partnership Carson City, formerly Community Council on Youth, is a Nevada nonprofit organization incorporated in 1989. It is a coalition that strives to create and maintain a safe and healthy community in Carson City, Nevada, by preventing involvement in, and reversing the effects of, gangs, drugs, alcohol use and other at-risk behaviors. The goals of the organization are to share and collaborate for a healthy community by dedicating assistance to civic organizations, community groups, nonprofit organizations, local service providers, schools, faith-based organizations, Tribes, law enforcement, media, government entities and concerned citizens of Carson City.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Significant accounting policies of the Organization are described below:

Basis of Accounting: The financial statements of Partnership Carson City have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Basis of Presentation: Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Cash and Cash Equivalents: For purposes of the statements of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of one year or less to be cash equivalents.

Contributions and Change for New Pronouncements: Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions according to the Statement of Financial Accounting Standards (SFAS) No. 116, *Accounting for Contributions Received and Contributions Made*. The Organization does not have any permanently restricted net assets.

**PARTNERSHIP CARSON CITY  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

Donated Assets: Donated marketable securities and other noncash donations are recorded as contributions at their estimated fair values at the date of donation. Donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose

Donated Services: No amounts have been reflected in the financial statements for donated services. The Organization pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Organization with specific assistance programs and various other assignments.

Property and Equipment: Property and equipment purchased by the Organization are recorded at cost. The Organization follows the practice of capitalizing all expenditures for property and equipment in excess of \$500; the fair value of donated fixed assets is similarly capitalized. Depreciation is computed using the straight-line method based upon the estimated useful lives of the assets.

Federal Income Taxes: The Organization is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code; therefore, no provision for income tax is provided.

Functional Allocation of Expenses: The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles require management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events: Subsequent events have been evaluated through the report date which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

**PARTNERSHIP CARSON CITY  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 3 - GRANTS AND CONTRACTS RECEIVABLE**

Grants and contracts receivable represented funds due from various agencies for direct cost reimbursement contracts relative to incurring prevention service expenditures as of June 30, 2010.

**NOTE 4 - LEASE COMMITMENTS**

The Organization currently maintains an operating lease agreement for the rental of office equipment. The following is a schedule by years of future minimum lease payments under this lease in effect at June 30, 2010:

Years ending June 30:	
2011	\$ 2,098
2012	2,098
2013	2,098
2014	525

**NOTE 5 - CONTINGENCIES**

The Organization has received financial awards in the form of grants and contracts that are subject to review and audit by the grantor agencies. Such audits could result in requests for reimbursements by the grantor agency for expenditures disallowed under terms and conditions specified in the grant agreements. No provision has been made for any liabilities that could arise from such audits as the amounts are undeterminable.

**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)

**2009**

Open to Public Inspection

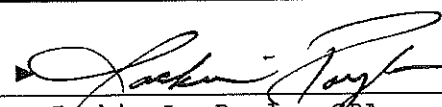
Department of the Treasury  
Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning **Jul 1**, 2009, and ending **Jun 30**, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization <b>Partnership Carson City</b>		<b>D</b> Employer Identification Number <b>88-0249300</b>
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite <b>P.O. Box 613</b>		<b>E</b> Telephone number <b>(775) 841-4730</b>
		City, town or country State ZIP code + 4 <b>Carson City NV 89702</b>		<b>G</b> Gross receipts \$ <b>835,730.</b>
		<b>F</b> Name and address of principal officer: <b>Kathy Bartosz 3 Canyon Drive Carson City NV 89703</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: <b>www.partnershipcarsoncity.org</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of Formation: <b>1989</b>		<b>M</b> State of legal domicile: <b>NV</b>

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Organization is a coalition that dedicates assistance to various organizations for the purpose of maintaining a safe and healthy community in Carson City, Nevada, by preventing involvement in, and reversing the effects of, gangs, drugs, alcohol use and other at-risk behaviors.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	634,824.	813,825.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60.	26.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	642.	21,879.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	635,526.	835,730.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	213,974.	444,910.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	141,324.	164,614.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <b>3,396.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	194,719.	174,172.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	550,017.	783,696.
19 Revenue less expenses. Subtract line 18 from line 12	85,509.	52,034.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 228,030.	End of Year 254,267.
	21 Total liabilities (Part X, line 26)	76,934.	51,136.
	22 Net assets or fund balances. Subtract line 21 from line 20	151,096.	203,131.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer <b>Kathy Bartosz, Executive Director</b>		Date _____
	Type or print name and title.		
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <b>07/15/11</b>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Jackie L. Royle, CPA P.O. Box 10374 Reno NV 89510</b>		Preparer's identifying number (see instructions) <b>(775) 787-6092</b>

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

The Organization is a coalition that dedicates assistance to various organizations for the purpose of maintaining a safe and See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 765,748. including grants of \$ 444,910.) (Revenue \$ 0.)

Prevention Services:

Prevention program services are support services provided to civic organizations, community groups, nonprofit organizations, local service providers, schools, faith-based organizations, Tribes, law enforcement agencies, media, and government entities for the purpose of creating and maintaining a safe and healthy community.

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

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

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

4e Total program service expenses 765,748.



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....		X
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII .....		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII .....		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .....		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X .....		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional .....		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .....		X

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .....		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1 a	10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1 c			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 a	9		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12 a			
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
12 b			

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body	1 a	11
b Enter the number of voting members that are independent	1 b	11
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8 a	X
b Each committee with authority to act on behalf of the governing body?	8 b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?	10 a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15 a	X
b Other officers of key employees of the organization	15 b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ \_\_\_\_\_
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ Partnership Carson City 1711 N. Roop Street Carson City NV 89706    (775) 841-4730

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Kathy Bartosz Executive Director	40.00	X				X	42,842.	0.	1,718.	
Jack Araza Chairman	5.00	X		X			0.	0.	0.	
Lynne Conrad Secretary/Treasurer	5.00	X		X			0.	0.	0.	
Molly Walt Vice Chairperson	5.00	X		X			0.	0.	0.	
Ron Beck Director	1.00	X					0.	0.	0.	
Ron Kendall Director	1.00	X					0.	0.	0.	
John Simms Director	1.00	X					0.	0.	0.	
JoAnn Skelly Director	1.00	X					0.	0.	0.	
Catherine Thayer Director	1.00	X					0.	0.	0.	
Tish Carpenter Director	1.00	X					0.	0.	0.	
Barry Smith Director	1.00	X					0.	0.	0.	
Donna Curtis Director	1.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns .....	1 a					
	b Membership dues .....	1 b					
	c Fundraising events .....	1 c					
	d Related organizations .....	1 d					
	e Government grants (contributions) .....	1 e	812,985.				
	f All other contributions, gifts, grants, and similar amounts not included above .....	1 f	840.				
	g Noncash contribns included in lns 1a-1f: .... \$						
<b>h Total. Add lines 1a-1f</b> .....			<b>813,825.</b>				
PROGRAM SERVICE REVENUE	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue .....						
<b>g Total. Add lines 2a-2f</b> .....							
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) .....		26.	0.	0.	26.	
	4 Income from investment of tax-exempt bond proceeds .....						
	5 Royalties .....						
	6 a Gross Rents .....	(i) Real	(ii) Personal				
		b Less: rental expenses .....					
		c Rental income or (loss) .....					
		d Net rental income or (loss) .....					
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses .....					
		c Gain or (loss) .....					
		d Net gain or (loss) .....					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
		b Less: direct expenses .....	b				
		c Net income or (loss) from fundraising events .....					
	9 a Gross income from gaming activities. See Part IV, line 19 .....	a					
b Less: direct expenses .....		b					
c Net income or (loss) from gaming activities .....							
10 a Gross sales of inventory, less returns and allowances .....	a						
	b Less: cost of goods sold .....	b					
	c Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code					
11 a <u>Administrative Revenues</u> .....	900099		17,698.	0.	0.	17,698.	
b <u>Miscellaneous</u> .....	900099		4,181.	0.	0.	4,181.	
c							
d All other revenue .....							
<b>e Total. Add lines 11a-11d</b> .....			<b>21,879.</b>				
<b>12 Total revenue. See instructions</b> .....			<b>835,730.</b>	<b>0.</b>	<b>0.</b>	<b>21,905.</b>	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	444,910.	444,910.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	45,500.	40,950.	3,185.	1,365.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	96,320.	91,739.	4,581.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	6,194.	6,194.	0.	0.
10 Payroll taxes	16,600.	15,530.	909.	161.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,000.	9,000.	0.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees				
g Other	68,969.	68,969.	0.	0.
12 Advertising and promotion	11,997.	10,955.	0.	1,042.
13 Office expenses	18,206.	12,524.	5,039.	643.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,045.	9,045.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,408.	4,408.	0.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Program Supplies</u>	39,856.	39,856.	0.	0.
b <u>Resource Materials</u>	3,231.	3,231.	0.	0.
c <u>Client Incentives</u>	6,854.	6,854.	0.	0.
d <u>Dues &amp; Subscriptions</u>	985.	885.	100.	0.
e <u>Miscellaneous</u>	1,621.	698.	738.	185.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	783,696.	765,748.	14,552.	3,396.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash -- non-interest-bearing .....	81,535.	1	125,578.
	2	Savings and temporary cash investments .....	19,511.	2	24,162.
	3	Pledges and grants receivable, net .....	118,043.	3	104,527.
	4	Accounts receivable, net .....	8,941.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation .....		10b	
				10c	
	11	Investments -- publicly-traded securities .....		11	
	12	Investments -- other securities. See Part IV, line 11 .....		12	
	13	Investments -- program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	228,030.	16	254,267.	
LIABILITIES	17	Accounts payable and accrued expenses .....	4,417.	17	2,978.
	18	Grants payable .....	72,517.	18	48,158.
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	76,934.	26	51,136.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	151,096.	27	164,324.
	28	Temporarily restricted net assets .....		28	38,807.
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
	33	<b>Total net assets or fund balances.</b> .....	151,096.	33	203,131.
34	<b>Total liabilities and net assets/fund balances.</b> .....	228,030.	34	254,267.	

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

b Were the organization's financial statements audited by an independent accountant? .....

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Partnership Carson City

Employer identification number

88-0249300

**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 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 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 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
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

(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	
<b>Total</b>									

**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 'unusual grants.') . . . . .	334,141.	423,548.	423,383.	634,824.	813,825.	2,629,721.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .						
4 <b>Total.</b> Add lines 1-through 3 . . . . .	334,141.	423,548.	423,383.	634,824.	813,825.	2,629,721.
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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						2,629,721.

**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 . . . . .	334,141.	423,548.	423,383.	634,824.	813,825.	2,629,721.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	182.	100.	100.	60.	26.	468.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .			165.	642.		807.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						2,630,996.
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 . . . . .

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.95 %
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 the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .

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. . . . .

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. . . . .

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. . . . .

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 . . . . .

**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**

alendar year (or fiscal yr 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 'unusual grants.') ...						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 <b>Total.</b> Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 <b>Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <b>Total support.</b> (add lns 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.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	%
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	%

9a **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 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 dashed lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer Identification number

Partnership Carson City

88-0249300

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees...

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, protection of natural habitat, etc.), a table for 'Held at the End of the Year' with rows 2a-2d, and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements and amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  \_\_\_\_\_



**Part VII** Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
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<b>Total.</b> (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

**Part VIII** Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ▶		

**Part IX** Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B), line 15) .....	

**Part X** Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	835,730.
2	Total expenses (Form 990, Part IX, column (A), line 25)	783,696.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	52,034.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	52,034.

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

1	Total revenue, gains, and other support per audited financial statements	1	835,730.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	835,730.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	835,730.

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

1	Total expenses and losses per audited financial statements	1	783,696.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	783,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	783,696.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIV** Supplemental Information *(continued)*

**SCHEDULE I**  
**(Form 990)**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Partnership Carson City

Employer identification number

88-0249300

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ron Wood Family Resource 2621 Northgate Lane Carson City NV 89701	86-0865470	501(c)(3)	131,809.				Prevention Svc
Boys & Girls Club of W.NV Carson City Carson City NV 89706	NA	501(c)(3)	127,285.				Prevention Svc
Advocates to End Domestic P.O. Box 2529 Carson City NV 89702	94-2665387	501(c)(3)	6,897.				Prevention Svc
JOIN, Inc. 1005 Terminal Way, Ste 20 Reno NV 89502	88-0364361	501(c)(3)	102,298.				Prevention Svc
Carson City Sheriff's Off 911 E. Musser Street Carson City NV 89701	NA	NA	21,291.				Prevention Svc
The Capital City Circles 900 E. Long Street Carson City NV 89706	94-3328209	501(c)(3)	10,000.				Prevention Svc
Washoe Tribes of Nevada Carson City Carson City NV 89706	NA	NA	25,000.				Prevention Svc
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- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 All grants are distributed through subcontracts. The subcontracts include

Pt I Line 2 all governance requirements of the contract through which the grant funds

Pt I Line 2 were awarded. The subcontracts are cost-based reimbursement contracts based upon

Pt I Line 2 approved budgets included in the subcontract.

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Partnership Carson City

Employer identification number

88-0249300

Pt XI, Line 1 The Organization's prior year return was prepared by the  
bookkeeper who erroneously prepared the return on a cash basis.

Pt VI-B, Line 11A The Board of Directors of the Organization reviews the Form  
990 and gives approval before it is filed.

Pt VI-B, Line 12c The written conflict of interest policy is reviewed annually  
by the Board of Directors.

Pt VI-B, Line 15 Compensation is annually reviewed by the Board of Directors  
of the Organization.

Pt VI-C, Line 19 The Organization makes its policies, documents, and  
statements available to the general public upon request.