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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: Carson City Community Counseling Center

Amount Requested: \$42,000

Contact Person: Mary K Bryan

Mailing Address: 205 S Pratt Ave

City: Carson City State: NV Zip Code: 89701

Phone Number: 775+882-3945 E-mail: meadowmary@aol.com

501(c)3 Taxpayer I.D. Number: 88-0212354

Date Submitted: _____

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

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

Organization Information

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

The purpose of the Carson City Community Counseling Center includes the following: to provide affordable alcohol and drug assessments with detailed recommendations; to provide no cost alcohol and drug assessments with detailed recommendations to the family or clients, age 12 - 24 when they meet the financial criteria; to aid in reducing the spread of methamphetamine and opiate (heroin) use in our community; to participate with existing agencies in all efforts to reduce substance related problems; and to provide these assessments on site at the jail and the juvenile detention center in an expeditious manner.

2. How long has your organization been in existence? 26 Years 10 Months

How long has your organization been in Carson City? 26 Years 10 Months

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

CCC provides alcohol and drug treatment beginning with the detailed assessment with recommendations, outpatient and intensive outpatient services both individual and group, residential treatment, aftercare and follow up treatment, and case management and coordination services. The Center provides family counseling for support with a family member who is in need of treatment; individual support in some cases for family members who are struggling with their own issues; anger management groups; and Spanish assessments. Other activities include supporting other agencies, law enforcement, judicial, churches, and other organizations with substance related issues,

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

of Youth 1248 # of Adults 12560 # of Seniors 350

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

of Youth 1150 # of Adults 8560 # of Seniors 300

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

of full-time employees 26 # of part-time employees 12

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 6%

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

The Community Counseling Center has a Board of Directors which oversees the Administrator of the agency. The Administrator works with a parttime bookkeeper, a volunteer CPA, and Office Manager/Deputy Administrator, a Director of Youth Services, a Director of Outpatient Services, a Director of Residential Services, and a Director of Drug Court Services. The administrator runs the daily operation which includes all personnel matters, procedures for operating a recovery program, and budget preparation. The Board provides review of all operations, meets 6 times a year, final review and approval of the yearly budget, and guidance and final approval on most policies and procedures.

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

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Scott Shick	Board President	782-9812
Ursula Carlson	Vice President	882-0849
Noel Waters	Secy/Treasurer	230-3973
Mary Pierczynski	Member	720-9692
Teri Zutter	Member	315-9419
Severin Carlson	Member	220-8703

Program/Proposal Information

10. Amount of funds requested? \$ 42000
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.

DESCRIPTION of PROGRAM: The Center intends to use the funds for employee salaries and benefits at both the outpatient and residential facility. The funding provides support staff at the facilities and allows us to provide a quality of care that becomes increasingly difficult to maintain when budgets are pared past a manageable point. All funds will be used toward counseling staff salaries and benefits. TARGET POPULATION: Carson City Substance users who are entering the system and are in need of assessments and treatment to those who are being ordered for treatment by a judge as a last chance. SPECIFIC TARGET OF FUNDING: The Center needs the funding for support of the salaries of both outpatient and residential staff to maintain an adequate number of staff to provide the best recovery treatment programming in an efficient and timely way. NUMBER TO BE SERVED: To avoid confusion, we count our clients two ways: one is the count of different clients and one is the number of hours each client attends treatment. For example, Client Smith may have an assessment and be found to be a late stage addict with a difficult living situation for sobriety. Their treatment may be 9 hours of treatment per week for 3 months, which will be 108 units of service; then they will step down to 3 hours a week of treatment for 3 months which will be 36 units of service; then the step down is to 1.5 hours per week for 3 months which will be 18 units of service. Thus Client Smith, one client, will receive their necessary treatment of 162 units of service on top of the 3 hours of service for the assessment which will be a total of 165 units of service. (Some of the units are 3 hours each and some of the units are 1 hour each.) The estimated units of service that we will provide in one year to citizens of Carson will be around 500 per week. CCC's QUALIFICATIONS TO DEAL WITH THE ISSUE: Founded in 1985, CCC has 27 years of experience and training. The Center has 12 certifications with the Substance Abuse Prevention and Treatment Agency State of Nevada, licensure with the Bureau of Health Licensure Division, and is certified by the Joint Commission, a national organization that usually only finds hospitals to be organized enough, clean enough, and safe enough to meet their requirements.

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):

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.

Clients are the first recipients who benefit from treatment. The families are also much blessed by the treatment the addicts receive. The community benefits in a variety of ways. When addicts are not searching for drugs and for ways to finance their drug purchases, their criminal activity is decreased, their driving impaired is diminished, and they are much less likely to invite our risk taking youngsters to get involved with drug purchases and sales. Other benefits to the community include fewer emergency room visits, fewer services are needed by the children of the addicts, less interaction with the social service agencies in general, employment increases and addicts begin to pay taxes rather than drain them, and there are fewer difficulties in the schools with the children of addicts when they are clean and sober and in recovery.

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 not any other certified, funded, non-profit, SAPTA substance abuse recovery treatment programs in Carson City. CCC compliments other existing programs by partnering with the City of Carson to deliver remarkable accommodations for the residential treatment program, and the Sheriff and the Jail provide the food services for the residential clients. The residential facility makes every effort to keep clients out of the jail and the emergency room.

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

Attached

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

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
2011-2012	\$42,000	Substance Abuse Evidence Based Treatment
2010-2011	\$40,000	" " " " "
2009-2010	\$49,500	
2008-2009	\$49,500	
2007-2008	\$49,500	

Required Attachments:

- X A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- X A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.

- X **Previous Grantees: If your organization received grant funding in Fiscal Year 2011-2012 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- X Signed Guidelines for Grants (please keep a copy for your files).

Guidelines for Grants

Fiscal Year 2012-2013

Vision

A leader among cities as an inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community

A Healthy Community

An Active and Engaged Community

A Clean and Healthy Environment

A Vibrant, Diverse and Sustainable Economy

A Community Rich in History, Culture and the Arts

A Community Dedicated to Excellence in Education

A Physically and Socially Connected Community

A Community Where Information is Available to All

1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
7. These guidelines shall not control any grants of money provided by any other public or private entity.

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 2, 2012.
- 9 Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on January 31, 2012**. An electronic pdf version may also be e-mailed to cceo@carson.org.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

Community Counseling Center
Name of Program

Nancy K. Buzan
Project Director Signature

1/24/12
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
www.carson.org

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

Name of Organization: Carson City Community Counseling Center

Program/Project: Substance Abuse Treatment

Amount of Funds Received \$ \$42,000

Contact Person: Mary K Bryan

Mailing Address: 205 s Pratt Ave

City: Carson City State: NV Zip Code: 89701

Phone Number: 775 882 3945 E-mail: meadowmary@aol.com

Date Submitted: _____

1. Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses.

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

CCC's goals for the funding cycle July 1, 2011 to June 30, 2012 included the following: CCC intended to serve youth by providing 3000 hours of service, and adults 30,000 hours of service, of those adults, 300 hours for seniors. Our records for the calendar year 2011 indicate CCC provided 4264 hours of youth services, 36,306 hours for adults, of which 2% were seniors (726 hours). As we enter the second half of the fiscal grant, our numbers are rising. We anticipate completing the fiscal year by exceeding all of our service goals for Carson City citizens.

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?

Unduplicated clients were approximately 1369 in the past 12 months. 70% are Carson City residents, or 958. The residential facility increased the bed capacity from 18 to 25 due to demand from the area organizations and groups for more easily accessible treatment with no waiting.

The individual benefits are seen in the hundreds of clients who have developed a program or recovery which has restored them to employment, marriage, the ability to care for their children, citizens who give back to the community, and a huge reduction in the use of services at the ER and social services.

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

CCC provides services to the courts and jails, families and a variety of other agencies. We make every effort to keep up with the increasing demand. It is anticipated that the number of people seeking treatment will increase, but up to this point CCC has stretched and modified its service delivery to accommodate all who are ready to receive treatment. We have been complimented on our evidence based treatment by Judge Tatro and Judge Blake for exceeding the minimums that many larger states are attempting to achieve. This benefits the community as it is more likely the relapses will be less severe and shorter. Alternative Sentencing Chief Rory Planeta and Juvenile Chief John Simms both agree that their daily use of our services are critical to the community. Sheriff Furlong appreciates the fact that whenever possible CCC will provide services and keep the clients out of his jail. CCC has been part of this community for 27 years providing relief to the low income clients and families who have substance abuse issues. This project was intended to serve an increasing number of low income clientele which it did. CCC's substance abuse counseling and treatment services are necessary to change the negative behaviors and impact of drugs on our community and have benefited the citizens of our community by providing this programming to all of our clients.

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

With the continued anticipation of increasing drug problems in the community, it is anticipated that this program will be re-occurring for many years to come. We anticipate funding the project in the future by continuing to write grants and fundraise. Additional sources of revenue for treatment include Bank of America, United Way, federal grants and funding, The State of Nevada Alcohol Tax money, contracts with Drug Court through AOC, the State of Nevada also funnels Federal dollars to the community which we request each year, in increasing amounts. There are also local patrons of the substance abuse treatment who assist the Center with donations routinely.

6. Describe any challenges that impacted your program.

The biggest challenge is keeping staff trained adequately to provide the best evidence based treatment possible. Ongoing staff meetings with development of principles of treatment in the many areas necessary is no easy task, scheduling, providing coverage for the clients and maintaining the daily schedule can cause stress for everyone in order to provide local teaching and instruction. The new clients are especially challenging and sometimes require a few months for their brains to clear adequately for them to have better judgment and make better decisions.

The time needed to staff cases and keep up the evidence based practices skills cost money which is difficult to come by. Without the quality programming the agency would lose its ability to provide strong recovery treatment. This is no doubt the biggest challenge that impacts the agency.



Ken Furlong
Sheriff

911 E. Musser St.
Carson City, NV 89701

775-887-2500
Fax: 775-887-2026

December 13, 2011

Attn: Ms. Mary Bryan
Community Counseling Center
205 S. Pratt Street
Carson City, NV 89701

Re: Appreciation for Continued Support

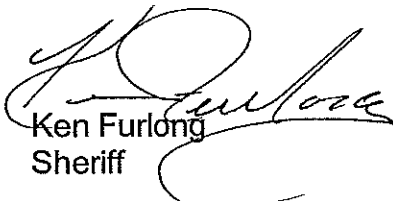
From: Sheriff Ken Furlong:

Ms. Bryan,

During my tenure as Sheriff of Carson City, I have witnessed a striking evolution in the perspective of community health and addictions in our society. This was largely due to the collaborative efforts we have jointly undertaken to address not just the drug and alcohol issues, but the underlying individual characteristics that are often seen as the roots of addictive behaviors.

Led by the Community Counseling Center, there have been many successful moments over the years. Most admirable, your services have provided attentive counseling and evaluation processes at the Detention Facility, active and aggressive referral services, on-going treatment, and a sincere philosophy by your agency that no one will ever be turned away or given up for loss. This visionary approach has had an immeasurable positive impact on the overall health of the Carson City Community.

It is my sincerest recommendation that the impeccable direction and innovative practices of the Community Counseling Center continue in our future efforts. You and your staff have proven there are no single solutions and that collaboration across traditional responsibilities creates opportunities. With your relentless efforts, one person at a time, lives are returned to individuals and dreams of a better life remain real possibilities.


Ken Furlong
Sheriff

CARSON CITY / STOREY COUNTY JUVENILE SERVICES

JUVENILE PROBATION DEPARTMENT

JUVENILE DIVISION

of the

FIRST JUDICIAL DISTRICT COURT

James T. Russell
District Judge Dept. I

James E. Wilson, Jr.
District Judge Dept. II



John B. Simms
Chief Probation Officer

Ben Bianchi
Deputy Chief-Probation

Scott Davis
Deputy Chief-Detention

December 29, 2011

To whom it may concern,

The Carson City Juvenile Probation Department supports the efforts of the Community Counseling Center and the services it provides the youth and families who reside in the Carson City area.

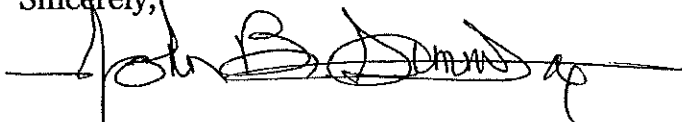
During the past several years, the Carson City Juvenile Probation Department has worked diligently with the Center on a daily basis in hopes of steering young people away from the consequences of drug and alcohol abuse. The alcohol and drug treatment services they provide are critical for our community, particularly those involved in the legal system. The free evaluations are a necessary component of treatment that assist families who cannot afford services, or just reticent to spend money as they don't understand the seriousness of drug and alcohol abuse.

The staff at the Center continues to demonstrate dedication and committed in their efforts at providing treatment related services to our population. Resources that allow ongoing services to the many at-risk youth in our community is always a wise investment in the intervention and treatment of substance abuse and addiction in this troubled population.

Over the years, this Department has referred hundreds of youth to the Center. The staff often will come to our facility to conduct evaluations on site when it is needed. We strongly support the services provided by the Community Counseling Center.

In a time with resources seem to be diminishing; it is nice to know that we can rely on the services of the Community Counseling Center.

Sincerely,



John B. Simms, Chief Juvenile Probation Officer



Department of
ALTERNATIVE SENTENCING
Carson City



Rory Planeta, Chief

December 30, 2011

Re: Community Counseling Center
205 So. Pratt St.
Carson City, NV 89701

To Whom It May Concern:

This letter is in support of the Community Counseling Center in Carson City, NV. I have been the Chief of the Department of Alternative Sentencing for over 5 years. During that time, I have had the opportunity and privilege to work closely with the Community Counseling Center.

CCC provides much needed services to our community. They offer counseling in a clean environment and use evidence based practices. They work with those in need by providing services on a sliding scale, or even waive fees. They send counselors (evaluators) to our jail to complete substance abuse evaluations while the subjects are still in custody, thus giving this department the ability to assist the client in finding the proper counseling even before the subject leaves the jail. This timely intervention leads to greater success.

CCC also provides In Patient Services in Carson City. This service is also used by neighboring jurisdictions. I have personally heard Judges Blake and Breen, of the Western Regional Drug and DUI Courts refer to CCC as one of the finest available anywhere. These Judges hold court in several rural counties as well as in the city of Reno, NV. CCC gets clients into the program quickly and easily.

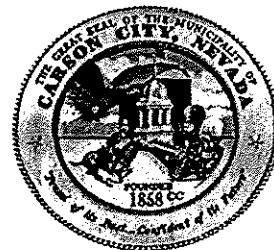
The staff is very caring and professional; the buildings are clean and conveniently located near the center of town. I personally believe Carson City is fortunate to have such a fine facility located in our area. Without the continued operation of CCC, I believe we would be left with a large void in our community. Drug addiction is a very serious issue in Carson City and the entire United States. We need these professionals to continue the battle against addiction.

Respectfully Submitted,

Rory C. Planeta, Chief



FIRST JUDICIAL DISTRICT
DISTRICT COURT
CARSON CITY
JUSTICE AND MUNICIPAL COURT



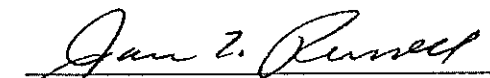
December 14, 2011

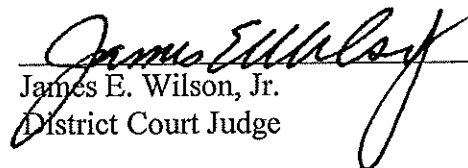
To Whom It May Concern,


Mary Bryan and the Community Counseling Center provide a valuable service to the community, but in particular, to the courts. The Center conducts substance abuse evaluations for prisoners in the custody of the Carson City Jail at very short notice for no cost. They also provide inexpensive, or free, evaluations to individuals who are required to obtain one as a result of a sentence. Additionally, the center provides long term outpatient counseling at an affordable rate by way of a sliding scale. Finally, the center has the intensive inpatient substance abuse counseling program. There are many people through the courts who are chronic abusers of drugs/alcohol that must have inpatient counseling or would face long jails sentences, or even death, if not treated.


The Community Counseling Center is a tool afforded to the courts that is essential. Without the center, there would be a rise in population at the jail and drug abusers would go untreated. This would affect not only the abuser, but the community as a whole.

Sincerely,


James T. Russell
District Court Judge


James E. Wilson, Jr.
District Court Judge


Thomas Armstrong
Justice/Municipal Court Judge


John Patro
Justice/Municipal Court Judge



SECOND JUDICIAL DISTRICT COURT
STATE OF NEVADA
WASHOE COUNTY

ARCHIE E. BLAKE
SENIOR DISTRICT JUDGE

P.O. 30083
RENO, NEVADA 89520-3083

December 16, 2011

Dear Grantors,

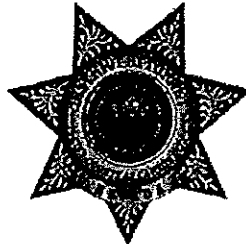
The Community Counseling Center and the Western Nevada Regional Drug Court have collaborated for 9 years on providing substance abuse services, evaluations and case management for adult drug court clients. CCC has maintained a cooperative approach with the drug court team, which consists of the District Attorney's Office, the Public Defender's Office, the treatment personnel and the judge.

We have experienced much success in our partnership with CCC and are pleased with the quality of the service they provide to our clients. The Community Counseling Center uses the most current evidence based practices with clients. We support and endorse CCC and the services they provide for alcohol and drug abuse programs. Their interaction with the other agencies to coordinate the client care has always been thorough and timely.

Sincerely,

A handwritten signature in cursive script, appearing to read "A. Blake".

NEIL A. ROMBARDO
District Attorney



GERALD J. GARDNER
ASSISTANT DISTRICT ATTORNEY

RANDAL R. MUNN
CHIEF DEPUTY DISTRICT ATTORNEY

<http://www.carson-city.nv.us>

**OFFICE OF THE DISTRICT ATTORNEY
CARSON CITY**

885 EAST MUSSEY STREET, SUITE 2030
CARSON CITY, NEVADA 89701
Fax: (775) 887-2129

CRIMINAL DIVISION
(775) 887-2072

VICTIM - WITNESS SERVICES
(775) 887-2268

CIVIL DIVISION
(775) 887-2070

INVESTIGATIONS
(775) 887-2098

December 23, 2011


To Whom It May Concern:

It is my pleasure to write this letter of support for the Carson City Community Counseling Center. The services the Community Counseling Center and Mary Bryan provide for our community are invaluable.

In addition to providing treatment to individuals assigned to Western Nevada Regional Drug Court, Mary Bryan is an integral member of Partnership Carson City and volunteers her time to the projects the partnership sponsors to promote a drug free community.

In this office's day-to-day activities with the Community Counseling Center, we have found their evaluations and recommendations to be honest and always in the best interests of the client.

Sincere Regards,


NEIL A. ROMBARDO
District Attorney

NAR:kc

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: FEB 16 1999

Carson City Community Counseling
Center
625 Fairview Suite 116
Carson City, NV 89701-5430

Person to Contact:
Mildred Davis
Telephone Number:
8777-829-5500
Fax Number:
513-684-5936
Federal Identification Number:
88-0212354

Dear Sir or Madam:

This letter is in response to your Certificate of Amendment to the Articles of Incorporation filed October 2, 1992, changing your name.

Our records indicate that a determination letter issued in May 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

- 2 -

Carson City Community Counseling Center
88-0212354

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

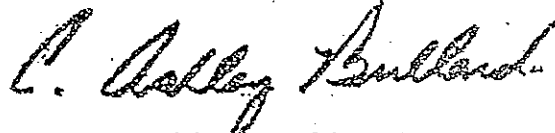
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director



JIM GIBBONS
Governor

THOMAS R. SHEETS
Chair, Nevada Tax Commission

DINO DICIANNO
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <http://tax.state.nv.us>
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

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

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 688-1295
Fax: (775) 688-1303

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

May 31, 2007

Account Number: RCE-003-507

Exp date: May 31, 2012

COMMUNITY COUNSELING CENTER
205 PRATT ST
CARSON CITY NV 89701

TAX ID #
880 212 354

Pursuant to NRS 372.326 and related statutes, COMMUNITY COUNSELING CENTER has been granted sales/use tax exempt status as a charitable organization. Direct purchases of tangible personal property made by COMMUNITY COUNSELING CENTER are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

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

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

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

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

If, upon further or future review by the Department, it is determined the above named organization does not meet or no longer meets the criteria outlined in NRS 372.343, this letter of exemption will be revoked.

Sincerely,

Dino DiCianno
Executive Director

August 12, 2011

To the Board of Directors of
Carson City Community Counseling Center

We have audited the financial statements of Carson City Community Counseling Center for the year ended December 31, 2010, and have issued our report thereon dated August 12, 2011. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards (and, if applicable, Government Auditing Standards and OMB Circular A-133), as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated June 2, 2011. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Carson City Community Counseling Center are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2010. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

Management's estimate of the allowance for doubtful accounts is based on historical collection rates and a high volume of small balances due from a nonrecurring or transient counseling base, yielding an anticipation that a significant portion will not be collectible. We evaluated the key factors and assumptions used to develop the allowance for doubtful accounts in determining that it is reasonable in relation to the financial statements taken as a whole.

Management's estimate of functional expense allocations is based on employee time estimates and other usage factors. We evaluated the key factors and assumptions used to develop the function expense allocations in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated August 12, 2011.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Information in Documents Containing Audited Financial Statements

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Board of Directors and management of Carson City Community Counseling Center and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

J.A. Solari & Partners, LLC

J.A. Solari & Partners, LLC

To the Management of
Carson City Community Counseling Center
Carson City, Nevada

In planning and performing our audit of the financial statements of Carson City Community Counseling Center (the "Organization") as of and for the year ended December 31, 2010, in accordance with auditing standards generally accepted in the United States of America, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all such deficiencies have been identified. We did not identify any deficiencies in internal control that we consider to be material weaknesses.

However, during our audit we became aware of several matters that are opportunities for strengthening internal controls and operating efficiency. Our comments and suggestions concerning those matters are as follows:

COMMENTS ARISING FROM THE 2010 ENGAGEMENT

01-10 Independent Contractors

Observation:

The Organization uses the services of several independent contractors to provide counseling services to clients. We noted that not all of these services are covered by a written contract.

Recommendations:

To ensure that the Organization's rights and confidentiality are protected, we recommend that all such arrangements with outside consultants and independent contractors be formalized in a written contract that includes the contract term, a schedule of agreed-upon rates, and a confidentiality agreement.

STATUS OF PRIOR YEAR COMMENTS

01-09 Dishonored Checks

Observation:

We noted that the Organization incurs bank fees in connection with depositing checks from clients that are dishonored based on insufficient funds.

Recommendations:

We recommend that management consider implementing policies and procedures to minimize this cost, such as:

- Adding the bank fees incurred to the total amount to be re-collected from the client as a result of the dishonored check.
- Maintaining a list of clients who have previously presented a check that was dishonored for purposes of requiring cash only payments thereafter.

Status:

- Management now adds the bank fees to the amount to be re-collected and requires cash only thereafter from that client.

02-09 Payroll Processing

Observations:

The Organization uses a third-party vendor (Paychex) to process payroll. A Form W-2 prepared by Paychex for one of the Organization's employees incorrectly reported gross taxable wages. Quite a bit of effort was expended in attempting to resolve this matter.

Recommendation:

There are many alternatives available for outsourcing the payroll processing function, each with their own fee structure and approach to customer service. Certainly a one-time nonrecurring error is not sufficient reason to make a change, however we recommend that management monitor both the service and accuracy of work performed by this vendor as well as exploring other alternatives for purposes quickly responding if a change becomes necessary.

Status:

- The Organization continues to monitor the service and accuracy of work performed by Paychex and is satisfied with the work performed. The above noted issue did not recur for 2010.

03-09 Economic Environment

Observation:

The Organization's funding decreased during 2009 as a result of the generally poor economy nationally and locally. Management responded quickly and effectively by reducing costs

however, there was an excess of expenses over revenues for the year resulting in a decrease of net assets totaling \$67,003.

Recommendation:

We are encouraging all organizations to prioritize long-term strategic plans for addressing the strain placed on operating budgets by this economic crisis. Such a plan might include the following: multi-year budgets at different funding levels, expected future depletion of operating reserves (ongoing decreases in net assets), identification of alternative funding sources, development of new programs and efforts, fundraising, and alternative uses or outsourcing of excess capacity.

Status:

- Revenues in 2010 declined further offset by expense reductions resulting in an increase of net assets totaling \$13,370. While long-term strategic plans are currently informal management is responding appropriately and flexibly to the continued economic pressures.

This communication is intended solely for the information and use of management, the Board of Directors, and others within the organization, and is not intended to be and should not be used by anyone other than these specified parties.

J.A. Solari & Partners, LLC

August 12, 2011

**CARSON CITY COMMUNITY COUNSELING CENTER
SUMMARY SCHEDULE OF PRIOR YEAR FINDINGS
DECEMBER 31, 2009**

There were no audit findings reported for the year ended December 31, 2009.

**CARSON CITY COMMUNITY COUNSELING CENTER
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
DECEMBER 31, 2010**

SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unqualified opinion on the financial statements of Carson City Community Counseling Center (the Organization).
2. No significant deficiencies relating to the audit of the financial statements have been reported.
3. No instances of noncompliance material to the financial statements of the Organization were disclosed during the audit.
4. No significant deficiencies relating to the audit of the major federal award program are reported in the "Independent Auditors' Report on Compliance with Requirements that could have a Direct and Material effect on each Major Program and on Internal Control over Compliance in Accordance with OMB Circular A-133"
5. The auditors' report on compliance for the major federal award program for the Organization expresses an unqualified opinion.
6. As noted below, there are no audit findings that are required to be reported in accordance with Section 510(a) of OMB Circular A-133.
7. The program tested as a major program was:

Substance Abuse Prevention and Treatment (SAPT) Block Grant	CFDA # 93.959
--	---------------
8. The threshold used for distinguishing between Type A and B programs was \$300,000.
9. The Center qualified as a low-risk auditee.

FINDINGS – FINANCIAL STATEMENT AUDIT

None.

FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL PROGRAM AUDIT

None.

**CARSON CITY COMMUNITY COUNSELING CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2010**

Federal Grantor/Pass-through Grantor Program Title	Federal CFDA Number	Pass-through Entity Identifying Number	Federal Expenditures
U.S. Department of Health and Human Services:			
Passed through State of Nevada, Department of Human Services, Division of Mental Health and Developmental Services (MHDS), Substance Abuse Prevention and Treatment Agency (SAPTA):			
Substance Abuse Prevention and Treatment (SAPT) Block Grant	93.959	N/A	\$ 662,302
U.S. Department of Housing and Urban Development			
Passed through Carson City Economic Development / Redevelopment Department:			
Community Development Block Grant	14.218	N/A	9,897
U.S. Department of Justice			
Passed through Carson City Sheriff's Office:			
Community Oriented Policing Services, Methamphetamine Initiative Grant	16.710	N/A	91,279
Total federal financial assistance			\$ 763,478

NOTE A - BASIS OF ACCOUNTING

This schedule is prepared on the accrual basis of accounting.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

If applicable the Organization's responses to the findings identified in our audit are described in the accompanying schedule of findings and questioned costs. We did not audit the Organization's responses and, accordingly, we express no opinion on the responses.

This report is intended solely for the information and use of management, the Board of Directors, others within the entity, federal awarding agencies, and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

J.A. Solari & Partners, LLC

August 12, 2011

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS
THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR
PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE
WITH OMB CIRCULAR A-133**

To the Board of Directors of
Carson City Community Counseling Center
Carson City, Nevada

Compliance

We have audited Carson City Community Counseling Center's (the Organization) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended December 31, 2010. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Organization's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of the Organization's compliance with those requirements.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2010.

Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered the Organization's internal control over compliance with the requirements that could have a direct and material effect on a major federal program to determine the auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

We noted certain matters that we reported to management of the Organization in a separate letter dated August 12, 2011.

This report is intended solely for the information and use of management, the Board of Directors, others within the entity, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

J.A. Solari & Partners, LLC

August 12, 2011

**REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON
AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors of
Carson City Community Counseling Center
Carson City, Nevada

We have audited the financial statements of Carson City Community Counseling Center (the Organization) (a nonprofit organization), as of and for the year ended December 31, 2010, and have issued our report thereon dated August 12, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control over Financial Reporting

In planning and performing our audit, we considered the Organization's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

COMPLIANCE SECTION

**CARSON CITY COMMUNITY COUNSELING CENTER
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

salary. Plan expenses incurred by the Organization during 2010 and 2009 were \$17,497 and \$15,512, respectively.

NOTE 6 – COMMITMENTS

The Organization currently rents office space located in Carson City. Monthly lease payments are \$6,000 per month increasing to \$6,120 per month effective December 1, 2011. The lease expires November 2012. Future minimum lease payments are as follows:

2011	\$ 72,120
<u>2012</u>	<u>67,320</u>
	<u>\$ 139,440</u>

The Organization also leases a residential detoxification center from the City of Carson City for monthly utility payments of \$2,563. The lease expires on October 31, 2017. Future minimum payments are as follows:

2011	\$ 30,756
2012	30,756
2013	30,756
2014	30,756
2015	30,756
<u>Thereafter</u>	<u>56,386</u>
	<u>\$ 210,166</u>

NOTE 7 – SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 12, 2011, the date the financial statements were available to be issued. As of that date, no subsequent events had been noted.

**CARSON CITY COMMUNITY COUNSELING CENTER
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 4 – LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS

At December 31, 2010 and 2009 long-term debt and capital lease obligations consisted of the following:

	2010	2009
Capital lease payable in 63 monthly installments of \$314 on office equipment; bearing interest at 6.726%; matures October 25, 2012.	\$ 6,491	\$ 9,708
Capital lease payable in 63 monthly installments of \$499 on office equipment bearing interest at 15.963%; matures March 14, 2014.	14,811	18,141
Note payable to the City of Carson City in 36 monthly installments of \$3,000; non-interest bearing; matured November 26, 2010.	-	20,046
	21,302	47,895
<u>Less: current portion</u>	(7,292)	(26,549)
	\$ 14,010	\$ 21,346

As of December 31, 2010 the cost of office equipment under capital lease included in property and equipment was \$37,748, with accumulated depreciation of \$20,063.

Future minimum lease payments are as follows for the years ending December 31:

2011	\$ 9,762
2012	9,133
2013	5,989
2014	1,498
	26,382
<u>Less: amount representing interest</u>	(5,080)
Present value of minimum lease payments	21,302
<u>Less: current portion</u>	(7,292)
	\$ 14,010

NOTE 5 – EMPLOYEE BENEFIT PLAN

The Organization has a defined contribution salary deferral plan (SIMPLE IRA) covering employees who have been employed for at least 2 years and work a minimum of 32 hours per week. Under the plan, the Organization matches dollar for dollar up to three percent of each eligible employee's

**CARSON CITY COMMUNITY COUNSELING CENTER
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

n. Concentration of Funding Sources

The Organization receives substantially all of its grant revenue from government agencies. Revenues from these grants are recognized as the related costs associated with providing services are incurred. If the Organization were to experience a significant reduction in the level of support from these grants or not comply with grant requirements, it would have a material effect on its programs and activities.

o. Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from those estimates.

NOTE 2 – ACCOUNTS RECEIVABLE

At December 31, 2010 and 2009 accounts receivable consisted of the following:

	2010	2009
Currently due	\$ 115,941	\$ 159,958
<u>Less: allowance for doubtful accounts</u>	<u>(96,474)</u>	<u>(140,575)</u>
	\$ 19,467	\$ 19,383

NOTE 3 – PROPERTY AND EQUIPMENT

At December 31, 2010 and 2009 property and equipment consisted of the following:

	2010	2009
Office and therapy furniture, equipment, and improvements	\$ 111,124	\$ 112,142
Detox furniture, equipment, and improvements	61,583	59,093
<u>Vehicles</u>	<u>4,290</u>	<u>4,290</u>
	176,997	175,525
<u>Less: accumulated depreciation</u>	<u>(136,876)</u>	<u>(117,583)</u>
	\$ 40,121	\$ 57,942

Depreciation expense totaled \$22,261 and \$24,540 for the years ended December 31, 2010 and 2009, respectively.

CARSON CITY COMMUNITY COUNSELING CENTER
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

j. Concentration of Credit Risk

Bank balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. From time to time, cash in bank accounts may exceed the federally insured limits. The Organization has not experienced any losses in such accounts nor does management believe the Organization is exposed to any significant credit risk. As of December 31, 2010, there was no uninsured cash in bank.

k. Donated Services

Donated services are recognized only if the services received either create or enhance nonfinancial assets or require specialized skills, and are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

l. Advertising

Advertising costs are expensed as they are incurred. Advertising expense for the years ended December 31, 2010 and 2009 was \$2,841 and \$1,703, respectively.

m. Income Taxes

The Organization is exempt from income taxes under Internal Revenue Code Section 501(c)(3) and is classified as a public charity (not a private foundation).

The Financial Accounting Standards Board Accounting Standards Codification (ASC) 740-10-25, prescribes a comprehensive model for how a company should measure, recognize, present, and disclose in its financial statements uncertain tax positions that the company has taken or expects to take on a tax return. The Company adopted FASB ASC 740-10-25 as of January 1, 2009 and, thereafter, recognizes the tax benefits from uncertain tax positions only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such positions are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement.

The Company's income tax filings may be subject to audit by various federal and state taxing authorities. The Company's open federal audit period includes the years ended December 31, 2007-2010. There is no impact to the Company's financial statements as a result of the implementation of FASB ASC 740-10-25.

**CARSON CITY COMMUNITY COUNSELING CENTER
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

e. Accounts Receivable

Fees for rehabilitation counseling services are charged using a sliding fee scale. The Organization bills either the client or the client's insurance company. Uncollected balances of \$50 or greater that have not experienced any activity for 120 days are referred to a local collection agency. Due to the nature of the services provided and the clientele receiving the services, management anticipates that a significant portion of accounts receivable will not be collectible and accordingly, an allowance for doubtful accounts has been established.

f. Functional Expense Allocations

Expenses relating to more than one function are allocated to program services, management and general expenses, or fundraising costs based on employee time estimates or other appropriate usage factors.

g. Property and Equipment

Property and equipment is stated at cost or fair value at the date of donation. It is the Organization's policy to capitalize all acquisitions in excess of \$500 that have a useful life greater than one year. Depreciation is provided using the straight line method over the estimated useful lives of the assets, which range from 3 to 7 years. Leasehold improvements are amortized over the shorter of the remaining lease term or useful life. Property and equipment also includes items acquired under capital leases.

h. Compensated Absences

Vacation – Full time employees accrue vacation time throughout the year. A maximum of 40 hours of unused vacation may be carried over to the following year. Unused amounts in excess of 40 hours as of December 31 of each year are forfeited. Vacation which has been accrued but not used is paid upon termination.

Sick Leave – Full time employees accrue sick leave at the rate of 3.33 hours per month. The maximum amount of sick leave that may be carried over to the following year is five days (40 hours); sick leave is not paid upon termination.

i. Cash and Cash Equivalents

Cash includes bank demand deposits and cash on hand. The Organization considers cash equivalents to include all highly liquid investments available for current use with an initial maturity of three months or less.

**CARSON CITY COMMUNITY COUNSELING CENTER
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009**

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies is presented to assist in understanding the Organization's financial statements.

a. Nature of Activities

The Carson City Community Counseling Center (the Organization) is a nonprofit entity organized under the laws of the State of Nevada. Its purpose is to prevent alcohol and drug abuse throughout Carson City and the surrounding area. Outpatient programs include ongoing educational programs and outpatient drug and alcohol abuse treatment services. The Detox program provides inpatient detoxification services.

b. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles. Therefore, revenue and the related assets are recorded when earned rather than when received and certain expenses are recognized when incurred rather than when the obligations are paid.

c. Basis of Presentation

These financial statements are presented by reporting all resources together, irrespective of whether they are associated with business or nonbusiness activities, unless they are donor restricted. The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, which represents the expendable resources that are available for operations at management's discretion; temporarily restricted net assets, which represent resources restricted by donors as to purpose or by the passage of time; and permanently restricted net assets, which represents resources whose use by the Organization is limited by donor imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. There were no permanently restricted net assets as of December 31, 2010 and 2009.

d. Restricted and Unrestricted Support and Revenue

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions.

**CARSON CITY COMMUNITY COUNSELING CENTER
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2009**

	PROGRAM SERVICES				Total Program Services	SUPPORTING SERVICES			TOTAL
	Outpatient Counseling	Detox	Drug Court	Victim Impact		Management and General	Fund Raising	Total Supporting Services	
Salary and related expenses:									
Salaries	\$ 650,284	\$ 544,862	\$ 56,790	\$ -	\$ 1,251,937	\$ 55,632	\$ 13,820	\$ 69,452	\$ 1,321,388
Payroll taxes	53,901	47,383	4,561	-	105,845	4,717	1,099	5,816	111,661
Workers' compensation	4,989	5,256	412	-	10,657	468	49	517	11,174
Employee benefits	77,488	78,914	8,137	-	164,538	1,474	1,277	2,751	167,290
	786,662	676,415	69,900	-	1,532,977	62,291	16,245	78,536	1,611,513
Advertising	465	577	-	660	1,703	-	-	-	1,703
Contract services	14,568	11,646	14,452	-	40,666	145	-	145	40,811
Depreciation/amortization	-	16,361	-	-	16,361	8,179	-	8,179	24,540
Donations	149	-	-	1,000	1,149	-	-	-	1,149
Dues and Subscriptions	743	574	60	-	1,377	-	20	20	1,397
EAP Program	1,117	234	-	-	1,351	-	-	-	1,351
Equipment Lease	-	2,845	-	-	2,845	87	-	87	2,932
Fees and charges	2,770	5,038	-	-	7,808	1,223	-	1,223	9,031
Fundraising	-	-	-	-	-	-	732	732	732
Insurance	5,408	7,051	-	-	12,459	140	-	140	12,599
Interest	-	-	-	-	-	4,193	-	4,193	4,193
Miscellaneous	480	-	-	-	480	-	-	-	480
Office	8,645	3,254	733	-	12,632	362	-	362	12,994
Printing and postage	5,849	2,320	41	-	8,210	248	-	248	8,458
Professional services	3,686	10,960	208	-	14,854	3,400	-	3,400	18,254
Public education	1,064	271	525	12,060	13,920	-	-	-	13,920
Reimbursements	-	-	74,330	-	74,330	-	-	-	74,330
Rent	90,093	47,364	-	-	137,457	3,941	-	3,941	141,398
Repairs and maintenance	2,344	3,784	-	-	6,128	71	-	71	6,199
Staff development and training	10,893	8,583	250	-	19,726	-	107	107	19,833
Supplies	8,620	36,593	75,589	-	120,802	114	-	114	120,916
Telephone	7,318	4,411	2,939	-	14,668	904	-	904	15,572
Travel	2,174	862	6,998	-	10,034	-	-	-	10,034
Utilities	9,019	-	-	-	9,019	274	-	274	9,293
Total Expenses	\$ 962,067	\$ 839,143	\$ 246,025	\$ 13,720	\$ 2,060,956	\$ 85,572	\$ 17,103	\$ 102,676	\$ 2,163,632

See accompanying notes.

**CARSON CITY COMMUNITY COUNSELING CENTER
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2010**

	PROGRAM SERVICES					SUPPORTING SERVICES			TOTAL
	Outpatient Counseling	Detox	Drug Court	Victim Impact	Total Program Services	Management and General	Fund Raising	Total Supporting Services	
Salary and related expenses:									
Salaries	\$ 600,079	\$ 503,066	\$ 71,213	\$ -	\$ 1,174,358	\$ 50,372	\$ 10,917	\$ 61,289	\$ 1,235,647
Payroll taxes	51,478	43,229	4,646	-	99,353	4,206	867	5,073	104,426
Workers' compensation	4,034	4,570	641	-	9,245	832	49	881	10,126
Employee benefits	69,424	75,005	8,569	-	152,998	3,647	1,161	4,808	157,806
	725,015	625,870	85,069	-	1,435,955	59,057	12,994	72,051	1,508,005
Advertising	108	108	-	2,625	2,841	-	-	-	2,841
Contract services	16,350	9,796	10,949	-	37,095	7,557	-	7,557	44,652
Depreciation/amortization	-	8,912	-	-	8,912	13,349	-	13,349	22,261
Donations	38	38	-	-	76	-	-	-	76
Dues and Subscriptions	830	706	60	-	1,596	-	-	-	1,596
EAP Program	145	145	-	-	290	-	-	-	290
Equipment Lease	-	2,401	-	-	2,401	84	-	84	2,485
Fees and charges	2,070	5,451	200	-	7,721	526	-	526	8,247
Fundraising	-	-	-	-	-	-	-	-	-
Insurance	8,003	9,611	-	-	17,614	226	-	226	17,840
Interest	-	-	-	-	-	3,214	-	3,214	3,214
Miscellaneous	-	-	-	-	-	-	-	-	-
Office	7,037	1,778	817	-	9,632	685	-	685	10,317
Printing and postage	4,322	2,164	13	-	6,499	206	810	1,016	7,515
Professional services	3,500	3,500	-	-	7,000	-	-	-	7,000
Public education	389	345	4,700	-	5,434	-	-	-	5,434
Reimbursements	-	-	66,950	-	66,950	-	-	-	66,950
Rent	71,214	28,572	-	-	99,786	3,483	-	3,483	103,269
Repairs and maintenance	3,556	5,166	-	-	8,722	1,003	-	1,003	9,725
Staff development and training	8,918	7,917	350	-	17,185	-	-	-	17,185
Supplies	28,479	34,918	60,899	-	124,296	217	1,265	1,482	125,778
Telephone	5,939	3,652	1,966	-	11,557	1,162	-	1,162	12,719
Travel	3,104	308	6,664	-	10,076	-	-	-	10,076
Utilities	7,009	-	-	-	7,009	246	-	246	7,255
Total Expenses	\$ 896,027	\$ 751,358	\$ 238,637	\$ 2,625	\$ 1,888,647	\$ 91,015	\$ 15,068	\$ 106,084	\$ 1,994,730

See accompanying notes.

**CARSON CITY COMMUNITY COUNSELING CENTER
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 13,370	\$ (67,003)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	22,261	24,540
Loss (gain) on sale of equipment	647	(121)
Rent	-	(10,082)
Contributions	-	(4,290)
Changes in:		
Accounts receivable	(84)	(40)
Grants receivable	(4,372)	21,458
Prepaid expenses	(1,421)	9,683
Accounts payable	(1,967)	9,270
Payroll liabilities	(1,624)	169
Accrued compensated absences	266	(920)
Net cash provided (used) by operating activities	27,076	(17,336)
Cash flows from investing activities:		
Purchase of equipment	(5,087)	(1,690)
Sale of equipment	-	500
Net cash provided (used) by investing activities	(5,087)	(1,190)
Cash flows from financing activities:		
Principal payments on capital lease obligations	(6,548)	(6,069)
Principal payments on note payable	(20,045)	(36,000)
Net cash provided (used) by financing activities	(26,593)	(42,069)
Net increase (decrease) in cash	(4,604)	(60,595)
Cash and cash equivalents, beginning of year	112,156	172,751
Cash and cash equivalents, end of year	\$ 107,552	\$ 112,156
Supplemental Disclosure of Cash Flow Information:		
Cash paid for interest	\$ 3,214	\$ 4,193
Non-cash investing and financing activities:		
Property and equipment acquired through - Gifts	\$ -	\$ 4,290

See accompanying notes.

CARSON CITY COMMUNITY COUNSELING CENTER
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2010 AND 2009

ASSETS	2010	2009
Current Assets		
Cash and cash equivalents	\$ 107,552	\$ 112,156
Accounts receivable, net	19,467	19,383
Grants receivable	94,503	90,131
Prepaid expenses	21,830	20,409
Total current assets	243,352	242,079
Property and Equipment, Net	40,121	57,942
Other Assets	2,547	2,547
	\$ 286,020	\$ 302,568
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 7,696	\$ 9,663
Payroll liabilities	542	2,166
Current maturities of long-term debt and capital lease obligations	7,292	26,549
Total current liabilities	15,530	38,378
Long-term Liabilities		
Accrued compensated absences	16,081	15,815
Long-term debt and capital lease obligations	14,010	21,346
Total long-term liabilities	30,091	37,161
Net Assets		
Unrestricted	240,399	227,029
Temporarily Restricted	-	-
Total net assets	240,399	227,029
	\$ 286,020	\$ 302,568

See accompanying notes.



INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Carson City Community Counseling Center
Carson City, Nevada

We have audited the accompanying statements of financial position of Carson City Community Counseling Center (a nonprofit organization) as of December 31, 2010 and 2009, and the related statements of activities, cash flows, and functional expenses for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit 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 the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Carson City Community Counseling Center as of December 31, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated August 12, 2011, on our consideration of Carson City Community Counseling Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

J.A. Solari & Partners, LLC

August 12, 2011

**CARSON CITY COMMUNITY COUNSELING CENTER
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DECEMBER 31, 2010 AND 2009**

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**CARSON CITY
COMMUNITY COUNSELING CENTER
FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009
(INDEPENDENT AUDITORS' REPORT)**

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)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CARSON CITY COMMUNITY COUNSELING CENTER		D Employer identification number 88-0212354
	Doing Business As		E Telephone number 775-882-3945
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	205 SO PRATT STREET		G Gross receipts \$ 2,008,749.
	City or town, state or country, and ZIP + 4 CARSON CITY, NV 89701		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MARY BRYAN SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CCCOFCARSONCITY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1998 M State of legal domicile: NV

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PREVENT ALCOHOL AND DRUG ABUSE IN CARSON CITY, NV AND SURROUNDING AREAS.		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total 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	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,411,535.	Current Year 1,379,202.
	9 Program service revenue (Part VIII, line 2g)	678,425.	619,786.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,045.	338.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,623.	8,776.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,096,628.	2,008,102.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,149.	76.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,611,513.	1,508,005.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,069.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	550,969.	486,650.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,163,631.	1,994,731.	
19 Revenue less expenses. Subtract line 18 from line 12	-67,003.	13,371.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 302,568.	End of Year 286,021.
	21 Total liabilities (Part X, line 26)	75,539.	45,621.
	22 Net assets or fund balances. Subtract line 21 from line 20	227,029.	240,400.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date			
	MARY BRYAN, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ SOLARI AND STURMER, LLC	Firm's EIN ▶		Phone no. (775) 827-3550	
Firm's address ▶ 500 DAMONTE RANCH PARKWAY, SUITE 1008		RENO, NV 89521			

Part III Statement of Program Service Accomplishments

X

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: PREVENT ALCOHOL AND DRUG ABUSE IN CARSON CITY, NV AND SURROUNDING AREAS.

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 X

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

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 \$ 896,027. including grants of \$ 647,202.) (Revenue \$ 215,056.) PROVIDED OUTPATIENT DRUG AND ALCOHOL ABUSE COUNSELING.

4b (Code:) (Expenses \$ 751,358. including grants of \$ 690,798.) (Revenue \$) OPERATED A RESIDENTIAL DETOXIFICATION CENTER

4c (Code:) (Expenses \$ 238,637. including grants of \$) (Revenue \$ 404,730.) COUNSELED INDIVIDUALS IN DRUG COURT PROGRAM

4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,625. including grants of \$ 18,383.) (Revenue \$)

4e Total program service expenses 1,888,647.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(i)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25		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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		9
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		8
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
	7b		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
	8a	X	
	8b	X	
9	Is there any officer, director, 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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		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?		
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
12c			
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		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?		
	15a		X
	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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: **THE ORGANIZATION - 775-882-3945**
205 SO PRATT STREET, CARSON CITY, NV 89701

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
MARY BRYAN ADMINISTRATOR	40.00	X		X		X		83,977.	0.	0.
TERI ZUTTER DIRECTOR		X						0.	0.	0.
DR URSULA CARLSON DIRECTOR		X						0.	0.	0.
TOM PERKINS PRESIDENT		X		X				0.	0.	0.
DR MARY PIERCZYNSKI DIRECTOR		X						0.	0.	0.
SEVERIN CARLSON SECRETARY/TREASURER		X		X				0.	0.	0.
NOEL WATERS, ESQ DIRECTOR		X						0.	0.	0.
SCOTT SHICK VICE-PRESIDENT		X		X				0.	0.	0.
HELAINESSES MORRES DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
1b Sub-total							83,977.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							83,977.	0.	0.	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

		(A) 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	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,356,383.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,819.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,379,202.			
Program Service Revenue	2 a DRUG COURT	Business Code 624100	404,730.	404,730.		
	b COUNSELING SERVICES	624100	215,056.	215,056.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		619,786.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		985.		985.	
	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)		-647.		-647.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	8,440.			
b Less: direct expenses		b	0.			
c Net income or (loss) from fundraising events			8,440.		8,440.	
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 MISCELLANEOUS	900099	336.			336.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		336.				
12 Total revenue. See instructions.		2,008,102.	619,786.	0.	9,114.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	76.	76.		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	83,977.	79,812.	3,423.	742.
7 Other salaries and wages	1,151,670.	1,094,546.	46,949.	10,175.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,497.	17,497.		
9 Other employee benefits	150,435.	144,746.	4,479.	1,210.
10 Payroll taxes	104,426.	99,353.	4,206.	867.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,000.	7,000.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,841.	2,841.		
13 Office expenses	10,317.	9,632.	685.	
14 Information technology				
15 Royalties				
16 Occupancy	103,269.	99,786.	3,483.	
17 Travel	10,076.	10,076.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,185.	17,185.		
20 Interest	3,214.		3,214.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,261.	8,912.	13,349.	
23 Insurance	17,840.	17,614.	226.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SUPPLIES	192,728.	191,246.	217.	1,265.
b CONTRACT SERVICES	44,652.	37,095.	7,557.	
c TELEPHONE	12,719.	11,557.	1,162.	
d REPAIRS AND MAINTENANCE	9,725.	8,722.	1,003.	
e FEES & CHARGES	8,247.	7,721.	526.	
f All other expenses	24,576.	23,230.	536.	810.
25 Total functional expenses. Add lines 1 through 24f	1,994,731.	1,888,647.	91,015.	15,069.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	34,682.	1	34,472.	
	2	Savings and temporary cash investments	77,473.	2	73,081.	
	3	Pledges and grants receivable, net	90,131.	3	94,503.	
	4	Accounts receivable, net	19,383.	4	19,467.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	20,409.	9	21,830.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	176,997.		
	b	Less: accumulated depreciation	10b	136,876.		
			57,943.	10c	40,121.	
	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	2,547.	15	2,547.		
16	Total assets. Add lines 1 through 15 (must equal line 34)	302,568.	16	286,021.		
Liabilities	17	Accounts payable and accrued expenses	27,644.	17	24,319.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	47,895.	23	21,302.	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	75,539.	26	45,621.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	227,029.	27	240,400.	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	227,029.	33	240,400.		
34	Total liabilities and net assets/fund balances	302,568.	34	286,021.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,008,102.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,994,731.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,371.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227,029.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	240,400.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 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 separate basis, consolidated 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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **CARSON CITY COMMUNITY COUNSELING CENTER** Employer identification number **88-0212354**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	920,767.	1204468.	1506378.	1411535.	1379201.	6422349.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	920,767.	1204468.	1506378.	1411535.	1379201.	6422349.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						6422349.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	920,767.	1204468.	1506378.	1411535.	1379201.	6422349.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	84.	1,003.	1,585.	924.	985.	4,581.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	64.	315.	610.	672.	336.	1,997.
11 Total support. Add lines 7 through 10						6428927.
12 Gross receipts from related activities, etc. (see instructions)					12	3,435,762.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.90 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.90 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

CARSON CITY COMMUNITY COUNSELING CENTER

Employer identification number

88-0212354

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

CARSON CITY COMMUNITY COUNSELING CENTER

88-0212354

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF CARSON CITY 201 NO. CARSON STR CARSON CITY, NV 89701	\$ 133,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STATE OF NV 205 E. KING STR, # 500 CARSON CITY, NV 89701	\$ 1,182,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CARSON CITY COMMUNITY COUNSELING CENTER	Employer identification number 88-0212354
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

CARSON CITY COMMUNITY COUNSELING CENTER

88-0212354

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

CARSON CITY COMMUNITY COUNSELING CENTER

Employer identification number
88-0212354

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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a 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 |
- 2a 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 the 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
1a 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 _____ %
- 3a 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 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		176,997.	136,876.	40,121.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				40,121.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,008,102.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,994,731.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,371.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	13,371.

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	2,008,102.
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	0.
3	Subtract line 2e from line 1	3	2,008,102.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment 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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,008,102.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,994,731.
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	0.
3	Subtract line 2e from line 1	3	1,994,731.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment 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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,994,731.

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.

PART X, LINE 2: THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING

STANDARDS CODIFICATION (ASC) 740-10-25, PRESCRIBES A COMPREHENSIVE MODEL FOR HOW A COMPANY SHOULD MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE COMPANY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THE COMPANY ADOPTED FASB ASC 740-10-25 AS OF JANUARY 1, 2009 AND, THEREAFTER, RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON

Part XIV Supplemental Information (continued)

THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH POSITIONS ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

THE COMPANY'S INCOME TAX FILINGS MAY BE SUBJECT TO AUDIT BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. THE COMPANY'S OPEN FEDERAL AUDIT PERIOD INCLUDES THE YEARS ENDED DECEMBER 31, 2007-2010. THERE IS NO IMPACT TO THE COMPANY'S FINANCIAL STATEMENTS AS A RESULT OF THE IMPLEMENTATION OF FASB ASC 740-10-25.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

CARSON CITY COMMUNITY COUNSELING CENTER

Employer identification number
88-0212354

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DEPENDENCY COURT COUNCIL & DUI VICTIM IMPACT PROGRAM

EXPENSES \$ 2,625. INCLUDING GRANTS OF \$ 18,383. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR AND BOARD OF
DIRECTORS ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 FOR REVIEW PRIOR
TO FILING THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON
REQUEST.

THERE WERE NO CHANGES FROM THE PRIOR YEAR.

Depreciation and Amortization 990
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CARSON CITY COMMUNITY COUNSELING CENTER FORM 990 PAGE 10

88-0212354

Part I Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	500,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	21,966.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	18

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L
b	12-year		12 yrs.		S/L
c	40-year	/	40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	21,966.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization CARSON CITY COMMUNITY COUNSELING CENTER	Employer identification number 88-0212354
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 500 DAMONTE RANCH PARKWAY, SUITE 1008	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RENO, NV 89521	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of **205 SO PRATT STREET - CARSON CITY, NV 89701**
Telephone No. **775-882-3945** FAX No. **775-882-6126**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.
- For calendar year **2010**, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension
ALL OF THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN ACCUMULATED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CERTIFIED PUBLIC ACCOUNTANT** Date

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20

2010

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. See instructions.

Name of exempt organization

Employer identification number

CARSON CITY COMMUNITY COUNSELING CENTER

88-0212354

Name and title of officer

MARY BRYAN EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (Form type check, Amount). Row 1a: Form 990 check here [X], Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2008102.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize SOLARI AND STURMER, LLC to enter my PIN 12354. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88024090053 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Community Counseling Center
Profit & Loss by Class
 July through December 2011

Accrual Basis

	CCC-Outp...	Residential	Transitional	Drug Court (Grants)	CDBG (Grants)	COPS (Grants)	Total Grants	TOTAL
Ordinary Income/Expense								
Income								
3020 · SAPTA Grant	314,068.02	335,351.11	0.00	0.00	0.00	0.00	0.00	649,419.13
3030 · Client Income	67,294.52	3,082.00	111.00	0.00	0.00	0.00	0.00	70,487.52
3031 · Client Income - Insurance								
3031-1 · Refunds	-718.62	0.00	0.00	0.00	0.00	0.00	0.00	-718.62
3031 · Client Income - Insurance - Other	9,011.14	0.00	0.00	0.00	0.00	0.00	0.00	9,011.14
Total 3031 · Client Income - Insurance	8,292.52	0.00	0.00	0.00	0.00	0.00	0.00	8,292.52
3032 · Client Income from Collections	165.84	1,673.15	0.00	0.00	0.00	0.00	0.00	1,838.99
3040 · Donations	408.75	0.00	0.00	0.00	0.00	0.00	0.00	408.75
3087 · Dependency Court Council	19,273.00	1,450.00	0.00	0.00	0.00	0.00	0.00	20,723.00
3088 · Comm Development Block Grant	0.00	0.00	0.00	0.00	9,313.86	0.00	9,313.86	9,313.86
3090 · Comm Services Grant	42,000.00	0.00	0.00	0.00	0.00	0.00	0.00	42,000.00
3094 · Community Services COPS Grant								
3094-1 · COPS - Adult/Juvenile Evals	850.00	0.00	0.00	0.00	0.00	0.00	0.00	850.00
3094-2 · COPS - Counseling	0.00	0.00	0.00	0.00	0.00	41,742.35	41,742.35	41,742.35
Total 3094 · Community Services COPS Grant	850.00	0.00	0.00	0.00	0.00	41,742.35	41,742.35	42,592.35
3097 · Drug Court Grant								
3097-1 · Drug Court Residential Income	0.00	46,000.00	0.00	0.00	0.00	0.00	0.00	46,000.00
3097-3 · Drug Court ADEP	648.00	0.00	0.00	0.00	0.00	0.00	0.00	648.00
3097-4 · Drug Court Outpatient clients	32,250.00	0.00	0.00	0.00	0.00	0.00	0.00	32,250.00
3097 · Drug Court Grant - Other	0.00	0.00	0.00	121,428.00	0.00	0.00	121,428.00	121,428.00
Total 3097 · Drug Court Grant	32,898.00	46,000.00	0.00	121,428.00	0.00	0.00	121,428.00	200,326.00
3098 · Interest Income	2.24	0.00	0.00	0.00	0.00	0.00	0.00	2.24
3099 · Miscellaneous Income	15.05	95.79	0.00	0.00	0.00	0.00	0.00	110.84
Total Income	485,267.94	387,652.05	111.00	121,428.00	9,313.86	41,742.35	172,484.21	1,045,515.20
Expense								
4000 · Payroll								
4001 · Salaries	76,046.41	33,203.97	0.00	0.00	19,546.47	30,981.26	50,527.73	159,778.11
4010 · Company FICA	5,050.63	1,925.27	0.00	0.00	1,288.58	1,906.09	3,194.67	10,170.57
4011 · Company Medicare	1,178.20	461.04	0.00	0.00	301.39	445.78	747.17	2,386.41
4012 · Company Workman's Comp	138.03	89.92	0.00	0.00	58.43	169.18	227.61	455.56
4013 · Company NESD	-18.00	0.00	0.00	0.00	0.00	261.00	261.00	243.00
4020 · Company Health Ins	3,885.54	0.00	0.00	0.00	0.00	648.82	648.82	4,534.36
4050 · SIMPLE/Employer Paid	4,668.81	1,302.34	0.00	0.00	0.00	400.31	400.31	6,371.46
Total 4000 · Payroll	90,949.62	36,982.54	0.00	0.00	21,194.87	34,812.44	56,007.31	183,939.47
4200 · SAPTA Grant Expenses								
4005 · SAPTA Salaries	222,009.00	254,035.00	0.00	0.00	0.00	0.00	0.00	476,044.00
4006 · SAPTA Company FICA	16,983.75	19,433.63	0.00	0.00	0.00	0.00	0.00	36,417.38
4007 · SAPTA Company NESD	1,195.91	2,444.46	0.00	0.00	0.00	0.00	0.00	3,640.37
4008 · SAPTA Company Workman's Comp	1,643.90	2,352.49	0.00	0.00	0.00	0.00	0.00	3,996.39
4021 · SAPTA Company Health Insurance	31,083.38	35,553.34	0.00	0.00	0.00	0.00	0.00	66,636.72
4205 · SAPTA Rent/Office	36,000.00	15,378.00	0.00	0.00	0.00	0.00	0.00	51,378.00
4211 · SAPTA Liability & General Insur	1,651.50	2,655.50	0.00	0.00	0.00	0.00	0.00	4,307.00

Community Counseling Center Profit & Loss by Class July through December 2011

Accrual Basis

	CCC-Outp...	Residential	Transitional	Drug Court (Grants)	CDBG (Grants)	COPS (Grants)	Total Grants	TOTAL
4241 · SAPTA Professional Services	3,500.00	3,500.00	0.00	0.00	0.00	0.00	0.00	7,000.00
Total 4200 · SAPTA Grant Expenses	314,067.44	335,352.42	0.00	0.00	0.00	0.00	0.00	649,419.86
4300 · Drug Court Grant Expenses								
4305 · Drug Ct. Salaries	0.00	0.00	0.00	29,237.60	0.00	0.00	29,237.60	29,237.60
4306 · Drug Ct. FICA/Medicare	0.00	0.00	0.00	2,234.83	0.00	0.00	2,234.83	2,234.83
4308 · Drug Ct. Company Work Comp	0.00	0.00	0.00	117.04	19.08	0.00	136.12	136.12
4311 · Drug Ct. Health Insurance	0.00	0.00	0.00	3,885.54	0.00	0.00	3,885.54	3,885.54
4315 · Drug Ct. Telephone	0.00	0.00	0.00	1,480.00	0.00	0.00	1,480.00	1,480.00
4331 · Drug Ct. Supplies	0.00	0.00	0.00	156.95	0.00	0.00	156.95	156.95
4338 · Drug Ct. Payroll Service	0.00	0.00	0.00	114.52	0.00	0.00	114.52	114.52
4350 · Drug Ct. SIMPLE/Employer Paid	0.00	0.00	0.00	876.34	0.00	0.00	876.34	876.34
4360 · Drug Ct. Travel	0.00	0.00	0.00	2,588.40	0.00	0.00	2,588.40	2,588.40
4368 · Drug Ct. UA Supplies	923.30	253.55	669.75	0.00	0.00	0.00	0.00	1,846.60
4370 · Drug Ct. Reimbursements	0.00	0.00	0.00	23,750.00	0.00	0.00	23,750.00	23,750.00
4371 · Drug Ct. Client Expense/Supplies	0.00	0.00	0.00	12,575.25	0.00	0.00	12,575.25	12,575.25
4378 · Drug Ct. Client Education	0.00	0.00	0.00	9,471.55	0.00	0.00	9,471.55	9,471.55
Total 4300 · Drug Court Grant Expenses	923.30	253.55	669.75	86,488.02	19.08	0.00	86,507.10	88,353.70
4500 · Operating Expenses								
4505 · Rent	240.00	0.00	0.00	0.00	0.00	0.00	0.00	240.00
4511 · Insurance/Building	1,346.00	1,346.00	0.00	0.00	0.00	0.00	0.00	2,692.00
4515 · Telephone	4,181.46	2,048.02	0.00	0.00	0.00	0.00	0.00	6,229.48
4516 · Utilities	3,280.46	0.00	0.00	0.00	0.00	0.00	0.00	3,280.46
4518 · Advertising & Promotion	57.34	57.35	0.00	0.00	0.00	0.00	0.00	114.69
4519 · Storage Rent	365.50	128.50	0.00	0.00	0.00	0.00	0.00	494.00
4520 · Equipment Lease	75.00	1,287.86	0.00	0.00	0.00	0.00	0.00	1,362.86
4521 · Repairs & Maintenance	11,575.07	2,634.69	0.00	0.00	0.00	0.00	0.00	14,209.76
4525 · Office Expense	3,120.23	998.81	0.00	0.00	0.00	0.00	0.00	4,119.04
4526 · Computer Expense	1,303.50	425.00	0.00	0.00	0.00	0.00	0.00	1,728.50
4530 · Printing/Copying	306.92	996.94	0.00	0.00	0.00	0.00	0.00	1,303.86
4531 · Supplies	1,211.08	601.41	0.00	0.00	0.00	0.00	0.00	1,812.49
4532 · Postage	929.05	0.00	0.00	0.00	0.00	0.00	0.00	929.05
4535 · Dues & Subscriptions	757.50	648.50	0.00	0.00	0.00	0.00	0.00	1,406.00
4536 · Fees	777.48	3,189.07	0.00	0.00	0.00	0.00	0.00	3,966.55
4537 · Bank Charges	61.00	0.00	0.00	0.00	0.00	0.00	0.00	61.00
4538 · Payroll Service Expense	1,279.17	1,171.30	0.00	0.00	0.00	132.81	132.81	2,583.28
4541 · Professional Services	4,643.87	3,500.00	0.00	0.00	0.00	0.00	0.00	8,143.87
4542 · Staff Development	2,532.85	1,959.05	0.00	0.00	0.00	0.00	0.00	4,491.90
4543 · Contract Labor	5,118.61	1,105.00	0.00	0.00	0.00	0.00	0.00	6,223.61
4545 · Fund Raising Expense	60.89	0.00	0.00	0.00	0.00	0.00	0.00	60.89
4546 · Donations	200.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
4551 · Staff Train/Certification	2,510.00	2,326.01	0.00	0.00	0.00	0.00	0.00	4,836.01
4560 · Travel	1,440.34	359.44	0.00	0.00	0.00	0.00	0.00	1,799.78
4570 · Medical Supplies	0.00	368.49	0.00	0.00	0.00	0.00	0.00	368.49
4571 · Ct Expense/Supplies	4,272.34	1,569.39	0.00	0.00	0.00	0.00	0.00	5,841.73
4578 · Ct/Public Education	162.21	162.22	0.00	0.00	0.00	0.00	0.00	324.43
4580 · Residential Maint & Supplies	0.00	3,592.72	0.00	0.00	0.00	0.00	0.00	3,592.72
4585 · Residential Supplemental Food	0.00	8,508.92	0.00	0.00	0.00	0.00	0.00	8,508.92

Community Counseling Center
Profit & Loss by Class
 July through December 2011

Accrual Basis

	CCC-Outp...	Residential	Transitional	Drug Court (Grants)	CDBG (Grants)	COPS (Grants)	Total Grants	TOTAL
4599 · Miscellaneous Expense	669.00	0.00	0.00	0.00	0.00	0.00	0.00	669.00
Total 4500 · Operating Expenses	52,476.87	38,984.69	0.00	0.00	0.00	132.81	132.81	91,594.37
4600 · EAP Program	180.00	180.00	0.00	0.00	0.00	0.00	0.00	360.00
7000 · Finance Charge & Fees	103.15	106.88	0.00	0.00	0.00	0.00	0.00	210.03
Total Expense	458,700.38	411,860.08	669.75	86,488.02	21,213.95	34,945.25	142,647.22	1,013,877.43
Net Ordinary Income	26,567.56	-24,208.03	-558.75	34,939.98	-11,900.09	6,797.10	29,836.99	31,637.77
Other Income/Expense								
Other Expense								
8000 · Interest Expense	1,047.52	966.21	0.00	0.00	0.00	0.00	0.00	2,013.73
Total Other Expense	1,047.52	966.21	0.00	0.00	0.00	0.00	0.00	2,013.73
Net Other Income	-1,047.52	-966.21	0.00	0.00	0.00	0.00	0.00	-2,013.73
Net Income	25,520.04	-25,174.24	-558.75	34,939.98	-11,900.09	6,797.10	29,836.99	29,624.04

Community Counseling Center
Profit & Loss Budget vs. Actual
 July through December 2011

	Jul - Dec 11	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
3020 · SAPTA Grant	649,419.13	623,681.00	25,738.13	104.1%
3030 · Client Income	70,487.52	142,790.00	-72,302.48	49.4%
3031 · Client Income - Insurance				
3031-1 · Refunds	-718.62			
3031 · Client Income - Insurance - Other	9,011.14	6,000.00	3,011.14	150.2%
Total 3031 · Client Income - Insurance	8,292.52	6,000.00	2,292.52	138.2%
3032 · Client Income from Collections	1,838.99	3,059.00	-1,220.01	60.1%
3040 · Donations	408.75	5,380.00	-4,971.25	7.6%
3070 · United Way	0.00	1,614.98	-1,614.98	0.0%
3087 · Dependency Court Council	20,723.00	10,405.00	10,318.00	199.2%
3088 · Comm Development Block Grant	9,313.86	0.00	9,313.86	100.0%
3089 · Comm Service Youth Grant	0.00	4,000.00	-4,000.00	0.0%
3090 · Comm Services Grant	42,000.00	42,000.00	0.00	100.0%
3094 · Community Services COPS Grant				
3094-1 · COPS - Adult/Juvenile Evals	850.00			
3094-2 · COPS - Counseling	41,742.35	37,500.00	4,242.35	111.3%
Total 3094 · Community Services COPS Grant	42,592.35	37,500.00	5,092.35	113.6%
3095 · Douglas County Grant	0.00	5,000.00	-5,000.00	0.0%
3097 · Drug Court Grant				
3097-1 · Drug Court Residential Income	46,000.00			
3097-3 · Drug Court ADEP	648.00	720.00	-72.00	90.0%
3097-4 · Drug Court Outpatient clients	32,250.00			
3097 · Drug Court Grant - Other	121,428.00	223,006.00	-101,578.00	54.5%
Total 3097 · Drug Court Grant	200,326.00	223,726.00	-23,400.00	89.5%
3098 · Interest Income	2.24	500.25	-498.01	0.4%
3099 · Miscellaneous Income	110.84			
Total Income	1,045,515.20	1,105,656.23	-60,141.03	94.6%
Expense				
4000 · Payroll				
4001 · Salaries	159,778.11	158,344.00	1,434.11	100.9%
4010 · Company FICA	10,170.57	9,829.00	341.57	103.5%
4011 · Company Medicare	2,386.41	2,294.00	92.41	104.0%
4012 · Company Workman's Comp	455.56	1,886.00	-1,230.44	27.0%
4013 · Company NESD	243.00	1,061.00	-818.00	22.9%
4020 · Company Health Ins	4,534.36	12,498.00	-7,963.64	36.3%
4050 · SIMPLE/Employer Paid	6,371.46	7,237.00	-865.54	88.0%
Total 4000 · Payroll	183,939.47	192,949.00	-9,009.53	95.3%
4200 · SAPTA Grant Expenses				
4005 · SAPTA Salaries	476,044.00	476,606.00	-562.00	99.9%
4006 · SAPTA Company FICA	36,417.38	36,461.00	-43.62	99.9%
4007 · SAPTA Company NESD	3,640.37	2,950.00	690.37	123.4%
4008 · SAPTA Company Workman's Comp	3,996.39	4,963.00	-966.61	80.5%
4021 · SAPTA Company Health Insurance	66,636.72	51,945.00	14,691.72	128.3%

Community Counseling Center
Profit & Loss Budget vs. Actual
 July through December 2011

	Jul - Dec 11	Budget	\$ Over Budget	% of Budget
4205 · SAPTA Rent/Office	51,378.00	51,378.00	0.00	100.0%
4211 · SAPTA Liability & General Insur	4,307.00	5,060.00	-753.00	85.1%
4241 · SAPTA Professional Services	7,000.00	7,000.00	0.00	100.0%
Total 4200 · SAPTA Grant Expenses	649,419.86	636,363.00	13,056.86	102.1%
4300 · Drug Court Grant Expenses				
4305 · Drug Ct. Salaries	29,237.60	41,250.00	-12,012.40	70.9%
4306 · Drug Ct. FICA/Medicare	2,234.83	3,155.00	-920.17	70.8%
4308 · Drug Ct. Company Work Comp	136.12	87.50	48.62	155.6%
4311 · Drug Ct. Health Insurance	3,885.54	3,500.05	385.49	111.0%
4315 · Drug Ct. Telephone	1,480.00	1,500.00	-20.00	98.7%
4325 · Drug Ct. Office	0.00	450.00	-450.00	0.0%
4331 · Drug Ct. Supplies	156.95	125.00	31.95	125.6%
4332 · Drug Ct. Postage	0.00	35.00	-35.00	0.0%
4336 · Drug Ct. Fees	0.00	200.00	-200.00	0.0%
4338 · Drug Ct. Payroll Service	114.52	150.00	-35.48	76.3%
4350 · Drug Ct. SIMPLE/Employer Paid	876.34	1,000.00	-123.66	87.6%
4360 · Drug Ct. Travel	2,588.40	3,120.00	-531.60	83.0%
4368 · Drug Ct. UA Supplies	1,846.60	7,650.00	-5,803.40	24.1%
4370 · Drug Ct. Reimbursements	23,750.00	102,730.00	-78,980.00	23.1%
4371 · Drug Ct. Client Expense/Supplies	12,575.25	10,230.00	2,345.25	122.9%
4378 · Drug Ct. Client Education	9,471.55	6,000.00	3,471.55	157.9%
Total 4300 · Drug Court Grant Expenses	88,353.70	181,182.55	-92,828.85	48.8%
4500 · Operating Expenses				
4505 · Rent	240.00			
4511 · Insurance/Building	2,692.00	3,500.00	-808.00	76.9%
4512 · Insurance/Auto	0.00	2,500.00	-2,500.00	0.0%
4515 · Telephone	6,229.48	6,252.00	-22.52	99.6%
4516 · Utilities	3,280.46	4,750.00	-1,469.54	69.1%
4518 · Advertising & Promotion	114.69	750.00	-635.31	15.3%
4519 · Storage Rent	494.00	237.00	257.00	208.4%
4520 · Equipment Lease	1,362.86	1,500.00	-137.14	90.9%
4521 · Repairs & Maintenance	14,209.76	4,500.00	9,709.76	315.8%
4525 · Office Expense	4,119.04	3,750.00	369.04	109.8%
4526 · Computer Expense	1,728.50	2,250.00	-521.50	76.8%
4530 · Printing/Copying	1,303.86	1,500.00	-196.14	86.9%
4531 · Supplies	1,812.49	3,750.00	-1,937.51	48.3%
4532 · Postage	929.05	1,500.00	-570.95	61.9%
4535 · Dues & Subscriptions	1,406.00	1,040.00	366.00	135.2%
4536 · Fees	3,966.55	3,289.50	677.05	120.6%
4537 · Bank Charges	61.00	25.00	36.00	244.0%
4538 · Payroll Service Expense	2,583.28	2,550.00	33.28	101.3%
4541 · Professional Services	8,143.87	1,500.00	6,643.87	542.9%
4542 · Staff Development	4,491.90	4,000.00	491.90	112.3%
4543 · Contract Labor	6,223.61	15,000.00	-8,776.39	41.5%
4545 · Fund Raising Expense	60.89			
4546 · Donations	200.00	500.00	-300.00	40.0%
4551 · Staff Train/Certification	4,836.01	6,000.00	-1,163.99	80.6%
4553 · Insurance/Professional	0.00	4,000.00	-4,000.00	0.0%

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Accrual Basis

Community Counseling Center Profit & Loss Budget vs. Actual July through December 2011

	Jul - Dec 11	Budget	\$ Over Budget	% of Budget
4560 · Travel	1,799.78	2,375.00	-575.22	75.8%
4570 · Medical Supplies	368.49	400.00	-31.51	92.1%
4571 · Ct Expense/Supplies	5,841.73	4,500.00	1,341.73	129.8%
4578 · Ct/Public Education	324.43	2,500.00	-2,175.57	13.0%
4580 · Residential Maint & Supplies	3,592.72	3,000.00	592.72	119.8%
4585 · Residential Supplemental Food	8,508.92	2,500.00	6,008.92	340.4%
4599 · Miscellaneous Expense	669.00			
Total 4500 · Operating Expenses	91,594.37	89,918.50	1,675.87	101.9%
4600 · EAP Program	360.00			
7000 · Finance Charge & Fees	210.03	150.00	60.03	140.0%
Total Expense	1,013,877.43	1,100,563.05	-86,685.62	92.1%
Net Ordinary Income	31,637.77	5,093.18	26,544.59	621.2%
Other Income/Expense				
Other Expense				
8000 · Interest Expense	2,013.73	1,599.34	414.39	125.9%
Total Other Expense	2,013.73	1,599.34	414.39	125.9%
Net Other Income	-2,013.73	-1,599.34	-414.39	125.9%
Net Income	29,624.04	3,493.84	26,130.20	847.9%