



STAFF REPORT

Report To: Board of Supervisors

Meeting Date: June 1, 2017

Staff Contact: Ana Jimenez

Agenda Title: For Possible Action: To allocate the Community Support Services Grant (CSSG) funding for FY2018. (Ana Jimenez, ajimenez@carson.org)

Staff Summary: The CSSG competitive funding available to Carson City for fiscal year 2018 is \$150,500. \$84,250 for general programs and \$66,250 for youth programs. A community-based Application Review Workgroup (ARW) met on May 3, 2017 to review and rank applications for recommendation to the Board of Supervisors. The Partnership Carson City Executive Board met and ranked the CSSG youth program applications for recommendation to the Board of Supervisors.

Agenda Action: Formal Action/Motion

Time Requested: 15 minutes

Proposed Motion

I move to allocate the Community Support Services Grant (CSSG) funding for FY2018 as recommended by the Application Review Workgroup and Partnership Carson City.

Board's Strategic Goal

Quality of Life

Previous Action

Total funding available for FY2018 is \$265,000.

Background/Issues & Analysis

The CSSG program will award \$265,000 from the General Fund to non-profit organizations that address a critical need in Carson City. Five programs have been approved by the Board of Supervisors to be automatically funded every year for a total of \$114,500. The remaining \$150,500 in funding is available through a competitive grant process, with \$84,250 going towards general programs and \$66,250 going towards youth programs, as recommended by Partnership Carson City.

Applicable Statute, Code, Policy, Rule or Regulation

N/A

Financial Information

Is there a fiscal impact? ☒ Yes ☐ No

If yes, account name/number: General Fund, Community Support Department, various accounts, 101-0615-465-14-XX.

Is it currently budgeted? ☒ Yes ☐ No

Explanation of Fiscal Impact: General Fund; The \$114,500 in automatic annual funding is included in the FY2018 budget in their respective line items in the Community Support Department. The remaining \$150,500 in competitive funding is budgeted in account #101-0615-465-14-01 (Board Designated). After programs are approved for funding, funds will be moved to a line item specific to the program.

Alternatives

Provide other direction

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY, NEVADA CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

MEMORANDUM

Board of Supervisors Meeting of June 01, 2017

To: Mayor and Board of Supervisors
From: Ana Jimenez, Grants Administrator
Date: May 22, 2017
Subject: CSSG FY 2018 Applications for General Programs

The following is a summary list of the Community Support Services Grant (CSSG) applications for general programs and recommendations for the FY18 fiscal year, as ranked by the Application Review Workgroup. All projects meet CSSG program critical needs and are eligible for funding. More details regarding each individual project can be found in the applications attached to this memo.

CSSG RECOMMENDATIONS:

Total Available for General Programs = \$84,250

1) Project Name: Domestic Violence Victim Assistance Project

Agency: Volunteer Attorneys for Rural Nevada
Funding Request: \$25,000
Recommendation: **\$20,000**
Description: VARN provides services to victims including advocacy, crisis counseling and safety planning in addition to legal services.

2) Project Name: Dental Care for Low to Moderate Children and Adults

Agency: Nevada Health Centers
Funding Request: \$30,000
Recommendation: **\$20,250**
Description: This program will provide preventative and restorative dental care to needy children and adults who lack access to basic dental services.

3) Project Name: Handicapped Towards Independence

Agency: Ormsby Association of Carson City
Funding Request: \$12,000
Recommendation: **\$8,000**
Description: This program provides training and support to adults with developmental disabilities to help them live successfully in the community and increase their self-sufficiency.

DEPARTMENT OF FINANCE

201 North Carson Street, Suite #3, Carson City, NV 89701 - (775) 887-2133 (775) 887-2107 fax

CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

- 4) Project Name: Client Advocate Program**
Agency: United Latino Community
Funding Request: \$25,000
Recommendation: **\$16,000**
Description: United Latino Community addresses the needs of the Latino community through integration, advocacy and education.
- 5) Project Name: Senior Independent Living Programs**
Agency: Nevada Rural Counties RSVP, Inc.
Funding Request: \$40,000
Recommendation: **\$20,000**
Description: Funding will be used to provide transportation, companionship, respite, and other basic goods and services to isolated, homebound seniors.
- 6) Project Name: Getting Ahead Program**
Agency: Capital City Circles
Funding Request: \$16,000
Recommendation: **\$0**
Description: To offset costs of sponsoring two families through the "Getting Ahead" program. The program will benefit both parents and children as they attend weekly meetings where they will receive support, training to chart their own path out of poverty.

PARTNERSHIP CARSON CITY RECOMMENDATIONS:

Total Available for Youth Programs = \$66,250

- 1) Project Name: Teen Dating Violence Program**
Agency: Advocates to End Domestic Violence
Funding Request: \$5,860
Recommendation: **\$5,860**
Description: Provide education to identify signs of controlling and abusive relationships.
- 2) Project Name: Operational Funds**
Agency: Ron Wood Family Resource Center
Funding Request: \$25,000
Recommendation: **\$25,000**
Description: To cover operational grant fund costs not funded by other sources.
- 3) Project Name: Arts in the Park Program**
Agency: Brewery Arts Center
Funding Request: \$4,000
Recommendation: **\$4,000**
Description: Educational arts program.

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4) Project Name: Youth Services Administration

Agency: Partnership Carson City

Funding Request: \$2,000

Description: Managing CSSG youth programs.

Remaining \$29,390: Not enough applicants met the “critical needs” criteria for youth programs. As a result, Partnership Carson City will propose \$15,000 for youth mental health services through Ron Wood and \$14,390 for dental health services for children not eligible for insurance through FISH.

DEPARTMENT OF FINANCE

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ORIGINAL

Community Support Services Grant (CSSG) Program Application Fiscal Year 2017

GENERAL INFORMATION

YOU MUST SEND A LETTER A OF INTENT TO APPLY AND RECEIVE APPROVAL BEFORE SUBMITTING APPLICATION. APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>.

APPLICATIONS ARE DUE*:

April 21, 2017, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL
PLUS 2 COPIES TO:

Carson City Dept. of Finance
201 N. Carson St., Ste. 3
Carson City, NV 89701

*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. **A PROGRESS REPORT MUST BE SUBMITTED WITH RENEWALS.**

☒ NEW APPLICATION

☐ RENEWAL

APPLICANT INFORMATION

Agency Name: Volunteer Attorneys for Rural Nevadans

Agency Mailing Address: PO Box 365 Carson City NV 89702

Project Name: Domestic Violence Victims Assistance Project (DVVAP)

Project Address/Location: 904 N Nevada Street Carson City NV 89703

Contact Person: Julie Mogensen

Phone Number: 775-883-8278

Email: jmogensen@varn.org

Fax: 775-883-7211

Website (if applicable): www.varn.org

PROJECT FUNDING

Requested amount \$25,000.00

Other funding \$384,144.19

Total project cost \$409,144.19

PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

VARN is a legal services nonprofit, and we are requesting a grant award for our Domestic Violence Victim Assistance Project (DVVAP) to assist victims of domestic violence living in Carson City with their civil legal needs. This program provides holistic services to victims including advocacy, crisis counseling, and safety planning in addition to the legal services. In 2016, VARN provided 157 clients with direct legal representation, and nearly one third of those cases were in Carson City. VARN intends to increase the number of clients served in 2017.

PROJECT ELIGIBILITY

Which City critical need does this project address?:

<input checked="" type="checkbox"/> Mental Health/Substance or Domestic Abuse Services	<input type="checkbox"/> Health/Dental Services
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Disabled Services	<input type="checkbox"/> Education Services

I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. **(Max. Score: 10 points)**

Domestic violence is a public health crisis in Nevada, and Carson City is no exception. Nevada has consistently ranked among the top states for women killed by men, according to the Violence Policy Center's annual report "When Men Murder Women." In 2014, the most recent year of this report, Nevada ranked 3rd in the nation. In the annual report for fiscal year 2016, the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) reported that 1,760 victims requested services in Carson City. As we well know, the number of victims who request services is a small portion of the actual number of victims in need of services.

Studies suggest that access to legal services can be a critical tool in helping victims escape from abusive relationships and that access to counsel has helped decrease the number of victims by as much as 21% (Amy Farmer & Jill Tiefenthaler, "Explaining the Recent Decline in Domestic Violence," 21 Contemporary Economic Policy, 158, 2003). When a victim decides to leave an abuser, the risk of harm does not diminish, but actually increases. Leaving an abuser can be the most dangerous time for a victim, yet they likely will not have the financial resources to hire an attorney.

Finally, there are relatively few legal service providers in Nevada, especially in the rural counties. The DVVAP program at VARN is the only program of its kind in Carson City and all of rural Nevada. The *2008 Civil Legal Needs Assessment* commissioned by the Nevada Supreme Court's Access to Justice Commission reported that the ratio of persons living in poverty to legal aid attorney in Nevada's rural counties is 5,256 persons to one legal service provider.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space.
(Max. Score 25 pts)

The Domestic Violence Victim Assistance Project (DVVAP) provides crisis intervention, safety planning, legal counseling, emergency legal services and direct representation to victims of domestic violence in such matters as the protection order process, divorce, child custody, paternity, guardianship, spousal and child support, and immigration matters. The DVVAP program assists victims by: 1) counseling them on safety measures, creating safety plans and assisting in carrying out the plan to protect themselves and their children; 2) counseling victims on the availability and effect of protection orders including if, how, when and where to obtain such protection; 3) appearing with and representing victims at hearings at all stages of protection order proceedings; 4) providing a full range of legal representation in family law and immigration law cases wherein domestic violence, whether physical and/or mental, is or has been a feature of the relationship. Every applicant's case is reviewed by our Managing Attorney. Cases that are accepted are assigned to a DVVAP Staff Attorney. VARN anticipates that the DVVAP program will provide 50 victims of domestic violence in Carson City with direct representation this year. As noted above, access to legal services gives victims of domestic violence their best chance of ending the cycle of abuse, gaining custody of their children, becoming free of their abuser and participating more fully in their communities.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

Yes, VARN coordinates with other agencies in Carson City. VARN maintains a formal Memorandum of Understanding (MOU) with Advocates to End Domestic Violence (AEDV). The staff from both agencies work collectively in the best interest of the clients. VARN has developed an intake process whereby the partner organization has access to VARN's intake forms, receives training on how to complete and supplement forms with supporting documents, assists applicants to identify and locate information needed for case evaluation, and have ongoing direct access to VARN intake staff and attorneys.

VARN maintains formal MOUs with six additional domestic violence service providers in other rural Nevada counties as well as with the Nevada Coalition to END Domestic and Sexual Violence (NCEDSV).

VARN also coordinates informally with the Carson City Court Clerk's Office, the Carson City Sheriff's Office, Ron Wood Family Resource Center, United Latino Community, Partnership Carson City, Carson City Health and Human Services and many other Carson City agencies. VARN attends the monthly meetings of the Community Action Agency Network (CAAN) to network and strengthen its informal partnerships with the community.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

VARN incorporated as an organization in 1996, and the DVVAP program began in 2002. VARN and its programs have a long history of being self-sustaining. VARN currently receives funding from a variety of sources including federal and state grants, local foundation grants, IOLTA funding, court filing fees and individual and business donations. VARN provides much needed high quality legal services that gives our current grantors and donors extraordinary confidence in our programs and that their dollars are being spent well. In addition, VARN is continuously seeking new grant funding and other fundraising opportunities so as not to rely too heavily on one source.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Yes, VARN will be able to proceed with the DVVAP program if we are awarded partial funding. However, we are facing a budget shortfall this year. For the past two years, VARN had been receiving a federal grant that had allowed us to expand our staff and significantly increase the number of clients we are able to serve each year. Unfortunately, that grant was not renewed, and we are seeking funding to fill the gap and continue at the same level of services as the past two years. A grant award from the Carson City CSSG program in the full amount requested will go a long way towards bridging this funding gap. But a grant in any amount will be much appreciated and will be put to good use serving the residents of Carson City who are most in need.

II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? **(Max Score: 5 points)**

100%. Although VARN's service area includes 15 Nevada counties, all of the clients served with this grant award will reside in Carson City.

2. How do you plan to track clients served? **(Max Score: 5 points)**

VARN uses a secure client database called Time Matters. VARN is able to track client contact information, demographics, case notes and outcomes with this database. Information on every applicant for services is entered into the database after their intake has been completed. Once the applicant has been accepted for services, both the attorneys and the legal assistants continue to enter case notes which will include information regarding case activity, court filings, mail correspondence, and hearing dates. Upon completion of a case, the final notes are entered regarding case outcomes, and the case is formally closed.

By using this database, VARN will be able to ensure that this grant award is used only for Carson City residents. VARN can measure how much time is dedicated to our cases in Carson City and can report back on the outcome of each case.

3. What is the projected **outcome** of this /project? (How will the clients served benefit from this project and how will that be measured?) **(Max Score: 20 points)**

The goal of VARN's DVVAP project is to provide 50 victims of domestic violence who reside in Carson City with civil legal representation for FY17-18. The outcomes of each case are tracked and measured with our client database, Time Matters. VARN is able to provide case data anecdotally by summarizing case stories, while making sure to omit details that would identify the client. Also, VARN can provide case data as compiled statistics, which can include information such as age, gender, race, county of residence, number of children, legal need, legal outcome, etc.

Providing victims with access to the civil legal justice system gives them the best chance possible to break the cycle of violence in their lives. Victims with access to the services of an attorney are able to hold their abusers accountable, gain custody of their children and start their lives anew without the threat of violence. Free from these threats and fears, they begin to participate more fully in their communities once again.

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Civil legal representation in family law and immigration matters	Victims of domestic violence residing in Carson City	12
2	Civil legal representation in family law and immigration matters	Victims of domestic violence residing in Carson City	13
3	Civil legal representation in family law and immigration matters	Victims of domestic violence residing in Carson City	12
4	Civil legal representation in family law and immigration matters	Victims of domestic violence residing in Carson City	13

5. If this is a renewal, describe your successes and challenges while implementing your project. What will you do to make improvements?

This is not a renewal project.

III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title: Domestic Violence Victim Assistance Project (DVVAP)	Requested Amount	Other Funding	In-Kind	Total Funds
Project Expenses FY 2016-17				
Personnel	\$21,000.00	\$269,075.00	\$0	\$290,075.00
Fringe	\$4,000.00	\$58,594.39	\$0	\$62,594.39
Travel & Training	\$0	\$6,442	\$0	\$6,442.00
Operating	\$0	\$50,032.80	\$0	\$50,032.80
TOTALS	\$25,000.00	\$384,144.19	\$0	\$409,144.19

AGENCY ASSETS

Unrestricted cash	See attached statements
Restricted cash*	See attached statements
Total cash on hand	See attached statements

***If restricted cash, attach description and amount of restriction**

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

In 2014, VARN applied for CSSG funds, but was not awarded a grant that year.

BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
<p>10% of Managing Attorney annual salary & fringe for 1 year.</p> <p>Fringe includes federal & state taxes, unemployment insurance, the employer paid portion of health insurance and professional dues.</p>	<p>\$54,000 salary X 10% = \$5,400</p> <p>\$10,780.78 fringe X 10% = \$1,078.08</p>	<p>Managing Attorney will supervise the legal work of this grant as well as represent clients who reside in Carson City.</p>
<p>10% of Staff Attorney annual salary & fringe for 1 year.</p> <p>Fringe includes federal & state taxes, unemployment insurance, the employer paid portion of health insurance and professional dues.</p>	<p>\$51,510 salary X 10% = \$5,151</p> <p>\$9,590.30 fringe X 10% = \$959.03</p>	<p>Staff Attorney will assist victims of domestic violence residing in Carson City by providing them with holistic legal services and representation in protection order, divorce, child support, child custody, termination of parental rights, and guardianship.</p>
<p>8% of Staff Attorney annual salary & fringe for 1 year.</p> <p>Fringe includes federal & state taxes, unemployment insurance, the employer paid portion of health insurance and professional dues.</p>	<p>\$51,000 salary X 8% = \$4,080</p> <p>\$9,551.28 fringe X 8% = \$764.10</p>	<p>Staff Attorney will assist victims of domestic violence residing in Carson City by providing them with holistic legal services and representation in protection order, divorce, child support, child custody, termination of parental rights, and guardianship.</p>
<p>5% of Immigration Attorney annual salary & fringe for 1 year.</p> <p>Fringe includes federal & state taxes, unemployment insurance, the employer paid portion of health insurance and professional dues.</p>	<p>\$50,000 salary X 5% = \$2,500</p> <p>\$9,474.78 fringe X 5% = \$473.74</p>	<p>Immigration Attorney will assist victims of domestic violence residing in Carson City by providing them with holistic legal services and representation in protection order, divorce, child support, child custody, termination of parental rights, and guardianship, U-Visas and VAWA Self-Petitions.</p>
<p>5% of Legal Assistant annual salary & fringe for 1 year.</p> <p>Fringe includes federal & state taxes, unemployment insurance, and the employer paid portion of health insurance.</p>	<p>\$35,000 salary X 5% = \$1,750</p> <p>\$7,827.28 fringe X 5% = \$391.36</p>	<p>Legal Assistant will provide support to the attorneys under this grant. The Legal Assistant will be responsible for filing legal documents with the court and drafting legal pleadings and correspondence.</p>
<p>5% of Immigration Specialist annual salary & fringe for 1 year.</p> <p>Fringe includes federal & state taxes, unemployment insurance, and the employer paid portion of health insurance.</p>	<p>\$46,410 salary X 5% = \$2,320.50</p> <p>\$8,700.15 fringe X 5% = \$435.01</p>	<p>Immigration Specialist will provide legal representation to immigrant victims of domestic violence residing in Carson City seeking remedies under the VAWA Self-Petition and U-Visa processes. The Immigration Specialist will provide interpretation and translation services.</p>
TOTAL:	\$25,302.82	REQUESTED AMOUNT: \$25,000.00

PROJECT ADMINISTRATION

AGENCY DIRECTOR

Name:	Julie Mogensen
Title:	Executive Director
Address	904 N Nevada Street Carson City NV 89703
Phone number:	775-883-8278
Email:	jmogensen@varn.org

PROJECT MANAGER

Name:	Victoria Mendoza
Title:	Managing Attorney
Address	904 N Nevada Street Carson City NV 89703
Phone number:	775-883-8278
Email:	vmendoza@varn.org

FISCAL MANAGER

Name:	Julie Mogensen
Title:	Executive Director
Address	904 N Nevada Street Carson City NV 89703
Phone number:	775-883-8278
Email:	jmogensen@varn.org

PERFORMANCE TRACKING CONTACT

Name:	Julie Mogensen
Title:	Executive Director
Address	904 N Nevada Street Carson City NV 89703
Phone number:	775-883-8278
Email:	jmogensen@varn.org

AGENCY INFORMATION


Date of incorporation	December 31, 1996
Date of IRS certification	April 25, 2001
Tax exempt number	86-0857749
DUNS#: (http://www.dnb.com/get-a-duns-number.html)	070402966

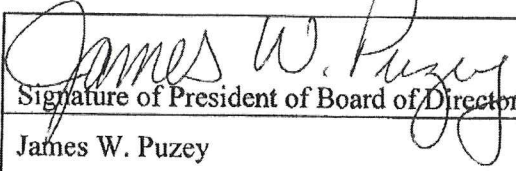
Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)	X
2	Proof of incorporation from Secretary of State (Certificate Only) Go to https://www.nvsilverflume.gov/certificate You will need to register in order to get the certificate. Cost is \$50. OR Submit proof that your entity is active and in good standing. Go to http://nvsos.gov/sosentitysearch/ and print your business entity information	X
3	Current Organization Chart with names of staff members	X
4	Current Board of Directors and terms of office. [If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CSSG funds.]	X
5	501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)	X
6	Profit and Loss Statements and Balance Sheets for prior <u>3</u> years	X
7	Funding commitment letters and/or letters of support (if applicable)	n/a

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

	4/20/17
Signature of Authorized Official	Date
Julie Mogensen, Executive Director	775-883-8278
Typed Name and Title of Authorized Official	Phone Number

	4/20/17
Signature of President of Board of Directors	Date
James W. Puzey	775-851-8700
Typed Name of President of Board of Directors	Phone Number

Attachment 1

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 25 2001**

VOLUNTEER ATTORNEYS FOR RURAL
NEVADANS
PO BOX 365
CARSON CITY, NV 89702

Employer Identification Number:
86-0857749
DLN:
17053090897031
Contact Person:
JOHN J KOESTER ID# 31364
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
August, 1997
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

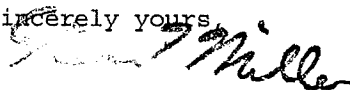
Letter 1050 (DO/CG)

VOLUNTEER ATTORNEYS FOR RURAL

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours

A handwritten signature in dark ink, appearing to read "Steven T. Miller". The signature is written in a cursive style with a large, stylized "M".

Steven T. Miller
Director, Exempt Organizations

Attachment 2

VOLUNTEER ATTORNEYS FOR RURAL NEVADANS

Business Entity Information

Status:	Active	File Date:	12/31/1996
Type:	Domestic Non-Profit Corporation	Entity Number:	C27052-1996
Qualifying State:	NV	List of Officers Due:	12/31/2017
Managed By:		Expiration Date:	
NV Business ID:	NV19961255605	Business License Exp:	

Registered Agent Information

Name:	FRANCIS C FLAHERTY	Address 1:	2805 N MOUNTAIN ST
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89703
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Other		
Jurisdiction:	NEVADA	Status:	Active

Financial Information

No Par Share Count:	0	Capital Amount:	\$ 0
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No stock records found for this company



Officers

☐ Include Inactive Officers

Secretary - JANETTE BLOOM

Address 1:	PO BOX 365	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89702	Country:	
Status:	Active	Email:	

Treasurer - AUDREY DAMONTE

Address 1:	P.O BOX 365	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89702	Country:	
Status:	Active	Email:	

Director - SANDRA-MAE PICKENS

Address 1:	P.O BOX 365	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89702	Country:	
Status:	Active	Email:	

President - JAMES PUZEY			
Address 1:	P.O BOX 365	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89702	Country:	
Status:	Active	Email:	

Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	C27052-1996-001	# of Pages:	7
File Date:	12/31/1996	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	20160271560-50	# of Pages:	1
File Date:	1/15/1997	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C27052-1996-007	# of Pages:	2
File Date:	1/5/1998	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C27052-1996-008	# of Pages:	2
File Date:	11/16/1998	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C27052-1996-009	# of Pages:	1
File Date:	11/9/1999	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C27052-1996-006	# of Pages:	1
File Date:	11/13/2000	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C27052-1996-005	# of Pages:	1
File Date:	11/13/2001	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C27052-1996-004	# of Pages:	2
File Date:	11/21/2002	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C27052-1996-003	# of Pages:	1
File Date:		Effective Date:	

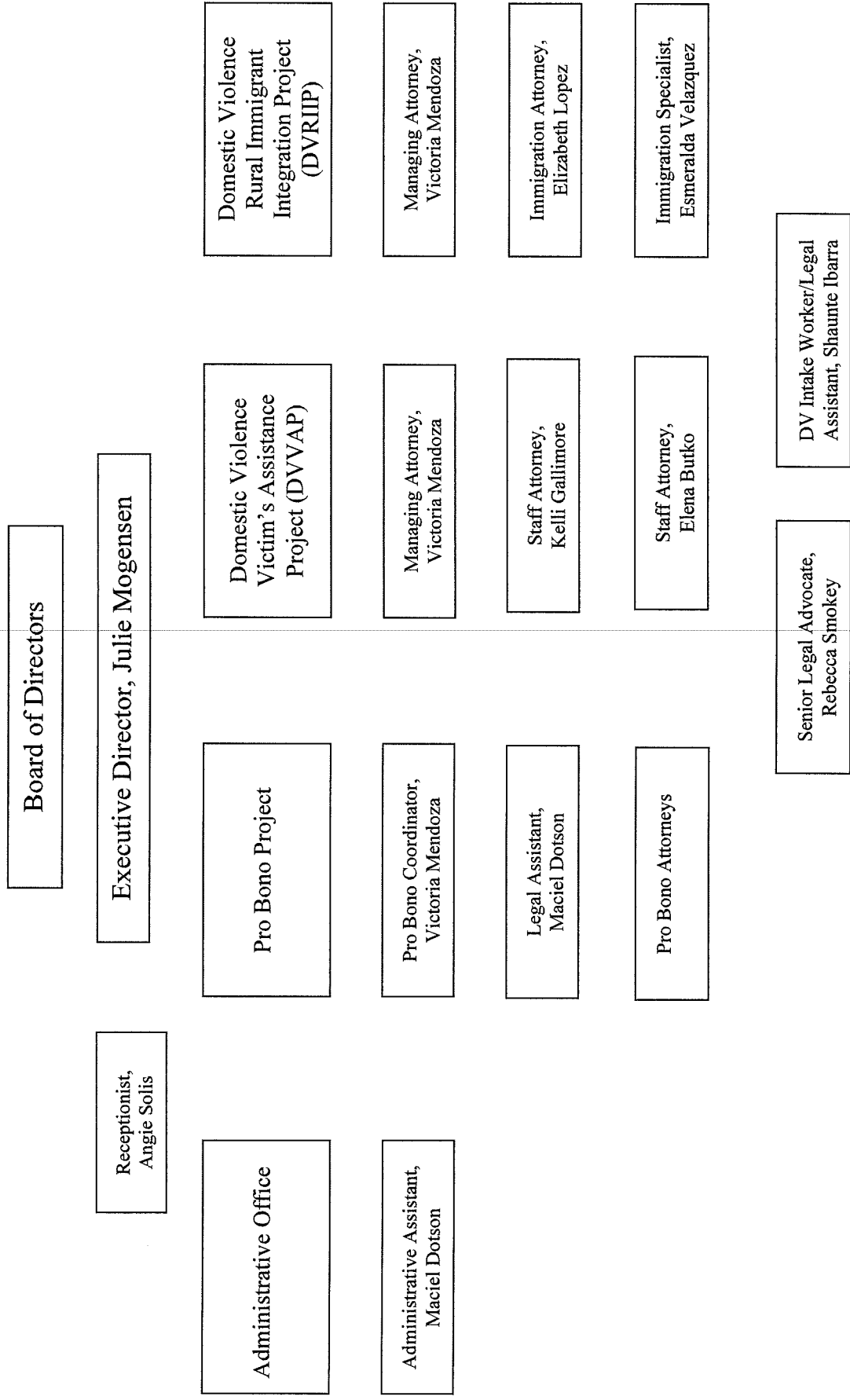
File Date:	11/9/2003	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C27052-1996-002	# of Pages:	2
File Date:	11/16/2004	Effective Date:	
List of Officers for 2004 to 2005			
Action Type:	Annual List		
Document Number:	20050556192-05	# of Pages:	1
File Date:	11/16/2005	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060805994-13	# of Pages:	1
File Date:	12/14/2006	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20070855616-10	# of Pages:	1
File Date:	12/14/2007	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080822426-44	# of Pages:	2
File Date:	12/16/2008	Effective Date:	
08/09			
Action Type:	Annual List		
Document Number:	20090884053-59	# of Pages:	2
File Date:	12/9/2009	Effective Date:	
DEC 09-10			
Action Type:	Annual List		
Document Number:	20100901022-97	# of Pages:	2
File Date:	11/29/2010	Effective Date:	
10/11			
Action Type:	Annual List		
Document Number:	20110889197-36	# of Pages:	2
File Date:	12/19/2011	Effective Date:	
11-12			
Action Type:	Annual List		
Document Number:	20120835066-43	# of Pages:	2
File Date:	12/12/2012	Effective Date:	
12-13			
Action Type:	Annual List		
Document Number:	20130807692-58	# of Pages:	2
File Date:	12/10/2013	Effective Date:	
(No notes for this action)			

Action Type:	Annual List		
Document Number:	20140829996-00	# of Pages:	2
File Date:	12/30/2014	Effective Date:	
14/15			
Action Type:	Charitable-Solicitation Registration Statement		
Document Number:	20140829997-11	# of Pages:	1
File Date:	12/30/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20150554825-37	# of Pages:	1
File Date:	12/18/2015	Effective Date:	
15-16			
Action Type:	Charitable-Solicitation Registration Statement		
Document Number:	20150554826-48	# of Pages:	1
File Date:	12/18/2015	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20160569601-66	# of Pages:	2
File Date:	12/29/2016	Effective Date:	
(No notes for this action)			
Action Type:	Charitable-Solicitation Registration Statement		
Document Number:	20160569602-77	# of Pages:	1
File Date:	12/29/2016	Effective Date:	
(No notes for this action)			

Attachment 3

VOLUNTEER ATTORNEYS FOR RURAL NEVADANS (VARN)

ORGANIZATIONAL CHART



Attachment 4

**VOLUNTEER ATTORNEYS FOR RURAL NEVADANS
BOARD OF DIRECTORS LIST**

NAME & TITLE	BOARD POSITION & TERM	COMPANY & ADDRESS	PHONE, FAX E-Mail
Mr. James W. Puzey Attorney at Law	President 10/24/2001 - 10/24/2017	Holley, Driggs, Walch, Puzey & Thompson 800 S. Meadows Parkway, Suite 800 Reno, NV 89521	(775) 851-8700 or 233-2914(c) (775) 851-7681 (fax) jpuzey@puzeylaw.com jpuzey@nevadafirm.com
Ms. Emily Allbritten, CPA	Treasurer 7/19/2007 - 7/19/2017	Allbritten & Slates 508 W. Third Street Carson City, NV 89703	(775) 883-0433 (775) 883-0437 emily@allbrittenstates.com
Ms. Audrey P. Damonte Attorney at Law	Secretary 12/18/2000 - 12/18/2017	Damonte Law Offices 730 Sandhill Rd. Ste. 250 Reno, NV 89521	(775) 721-7965 (775) 828-7426 (f) (775) 233-0814(c) adamonte@damontefirm.com adamonte@nevadafirm.com
Ms. Sandra-Mae Pickens Attorney at Law	Director 3/3/2004 - 3/3/2018	Sandra-Mae Pickens, Esq. P.O. Box 1349 Yerington, NV 89447	(775) 771-1749(c) smpickens224@gmail.com
Mr. Severin Carlson Attorney at Law	Director 6/8/2006 - 6/8/2017	Kaempfer Crowell 50 West Liberty, Ste 700 Reno, NV 89501	(775) 852-3900 (775) 884-8317 (direct line) (775) 327-2011 (fax) (775) 220-8703 (c) scarlson@kcnvlaw.com
Ms. Janette Bloom Attorney at Law	Director 3/11/2010- 3/11/2019	P.O. Box 2398 Carson City, NV 89702	(775) 291-8117 jmbloom@marshallbloom.com
Kara M. Hayes Attorney at Law	Director 12/16/2014- 12/16/2017	P.O. Box 555 Genoa, NV 89411	(775) 790-0724 (775) 782-6973 (f) khayesattorney@gmail.com karamhayes@charter.net
Rianilee Belles	Director 5/12/2015- 11/13/2017	1196 Spartan Ave Carson City, NV 89701	(360) 640-8709 rianileedupreez@live.com
Marilee Breternitz Attorney at Law	Director 6/30/2015- 6/30/2018	Washoe County District Attorney's Office 1 S. Sierra Street Reno, NV 89501	(775) 328-3289 (775) 325-6702 (f) mbreternitz@da.washoe.us

*updated 2/13/2017

Attachment 5

EXTENDED TO AUGUST 15, 2016

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except for private foundations)
Do not enter social security numbers on this form as it is not to be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.**2015**
Open to Public
Inspection**A For the 2015 calendar year, or tax year beginning:****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

VOLUNTEER ATTORNEYS FOR RURAL NEVADANS

Doing business as:Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 365City or town, state or province, country, and ZIP or foreign postal code
CARSON CITY, NV 89702**F Name and address of principal officer:** JULIE MOGENSEN

904 N. NEVADA STREET, CARSON CITY, NV 89703

D Employer identification number

86-0857749

E Telephone number

(775) 883-8278

G Gross receipts \$ 633,896.**H(a) Is this a group return**for subordinates? ☐ Yes ☒ No**H(b) Are all subordinates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.VARN.ORG**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation:** 1996 **M State of legal domicile:** NV**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE CIVIL LEGAL REPRESENTATION TO NEVADANS OF LIMITED MEANS BY FACILITATING THE		
	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	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	429,845.	593,632.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,229.	36,033.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48.	102.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,231.	4,129.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	466,353.	633,896.
	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)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	386,095.	470,948.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,362.	0.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	106,225.	125,433.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	492,320.	596,381.
	20	Total assets (Part X, line 16)	-25,967.	37,515.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	72,280.	110,878.
			3,069.	4,152.
			69,211.	106,726.

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		
	JULIE MOGENSEN, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	XIN CHEN		08/10/16		P00836386
	Firm's name	Firm's EIN	Phone no. (775) 283-5555		
	CASEY NEILON INC.	20-5570744			
	Firm's address				
	503 N. DIVISION ST				
	CARSON CITY, NV 89703				

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO PROVIDE CIVIL LEGAL REPRESENTATION TO NEVADANS OF LIMITED MEANS BY
FACILITATING THE PROVISION OF VOLUNTEER SERVICES BY ATTORNEYS.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 323,442. including grants of \$) (Revenue \$ 28,950.)
THE DOMESTIC VIOLENCE VICTIM'S ASSISTANCE PROJECT SERVED OVER 850
VICTIMS OF DOMESTIC VIOLENCE BY PROVIDING FREE LEGAL REPRESENTATION,
BRIEF LEGAL SERVICES, CRISIS INTERVENTION, SAFETY PLANNING, INFORMATION
AND REFERRALS FOR OTHER RESOURCES.

4b (Code:) (Expenses \$ 97,167. including grants of \$) (Revenue \$ 8,697.)
THE PRO BONO PROJECT (INCLUDING THE LEGAL AID FAIRS AND LAWYER IN THE
LOBBY) SERVED OVER 1,200 LOW-INCOME PEOPLE BY PROVIDING FREE LEGAL
SERVICES, COUNSEL AND ADVICE, INFORMATION AND REFERRALS FOR OTHER
RESOURCES. OVER 30 ATTORNEYS PARTICIPATED IN THE PRO BONO PROJECT.

4c (Code:) (Expenses \$ 29,240. including grants of \$) (Revenue \$ 2,617.)
THE IMMIGRATION PROJECT SERVED OVER 75 VICTIMS OF DOMESTIC VIOLENCE AND
LOW-INCOME PEOPLE BY PROVIDING FREE OR REDUCED FEE LEGAL SERVICES
CONSISTING OF LEGAL REPRESENTATION, BRIEF LEGAL SERVICES, COUNSEL AND
ADVICE, INFORMATION AND REFERRALS FOR OTHER RESOURCES.

4d Other program services (Describe in Schedule O.)

(Expenses \$

including grants of \$

(Revenue \$

4e Total program service expenses **449,849.**

Attachment 6

3:36 PM
04/19/17
Cash Basis

Volunteer Attorneys for Rural Nevadans
Profit & Loss
January through December 2014

	Jan - Dec 14
Ordinary Income/Expense	
Income	
4 · Contributed support	
4010 · Indiv/business contribution	3,084.00
4020 · Rule 6.1 Contribution	12,151.01
4210 · Corporate/business grants	10,000.00
4230 · Foundation/trust grants	125,000.00
4250 · Nonprofit organization grants	5,000.00
4520 · Federal grants	
4521 · VOCA	110,964.00
4522 · VAWA - LAV	3,544.00
4523 · STOP	64,689.00
4520 · Federal grants - Other	101,187.00
Total 4520 · Federal grants	280,384.00
Total 4 · Contributed support	435,619.01
4999 · Uncategorized Income	0.00
5 · Earned revenues	
5011 · NRS 19.0312 Filing Fees	28,091.37
5012 · NRS 19.031 Filing Fees	4,780.33
5180 · Program service fees	
5181 · Immigration Services	609.00
Total 5180 · Program service fees	609.00
5190 · Litigation	727.50
5195 · Attorney Fees	20.00
5310 · Interest-savings/short-term inv	47.66
5490 · Miscellaneous revenue	2,231.13
Total 5 · Earned revenues	36,506.99
Total Income	472,126.00
Gross Profit	472,126.00
Expense	
6560 · Payroll Expenses	1,320.00
7200 · Salaries & related expenses	
7220 · Salaries & wages - other	340,435.66
7250 · Payroll taxes	
7251 · Federal 941 Taxes	26,043.31
7252 · State Unemployment Taxes	5,223.94
Total 7250 · Payroll taxes	31,267.25
Total 7200 · Salaries & related expenses	371,702.91
7500 · Other personnel expenses	
7501 · Health Ins Premium	13,766.49
7502 · Professional Liability Insuranc	2,679.59
7540 · Professional fees - other	2,065.00
7500 · Other personnel expenses - Other	9,044.88
Total 7500 · Other personnel expenses	27,555.96
8100 · Non-personnel expenses	
8110 · Supplies	3,253.09
8115 · Computer Software/Licenses	3,915.55

3:36 PM
04/19/17
Cash Basis

Volunteer Attorneys for Rural Nevadans
Profit & Loss
January through December 2014

	Jan - Dec 14
8130 · Telephone & telecommunications	4,683.11
8140 · Postage, shipping, delivery	3,380.29
8141 · Litigation	1,117.60
8160 · Equip rental & maintenance	995.37
8170 · Printing & copying	2,142.05
8180 · Books, subscriptions, reference	395.00
Total 8100 · Non-personnel expenses	19,882.06
8200 · Occupancy expenses	
8210 · Rent, parking, other occupancy	27,312.00
8220 · Utilities	
8221 · Electricity	2,241.92
8222 · Gas	1,623.03
8223 · Waste Disposal	492.22
8224 · Water	2,225.96
Total 8220 · Utilities	6,583.13
8225 · Office Maintenance	941.28
Total 8200 · Occupancy expenses	34,836.41
8300 · Travel & meetings expenses	
8310 · Travel	
8311 · Client Related	3,458.03
8314 · LAV Training	2,302.15
8315 · Outreach - Events & Travel	154.11
8317 · RIIP Client Related	3,209.54
8318 · RIIP Outreach	479.05
8319 · RIIP Training	4,402.35
Total 8310 · Travel	14,005.23
8320 · Conference, convention, meeting	5,613.92
Total 8300 · Travel & meetings expenses	19,619.15
8500 · Misc expenses	
8510 · Interest expense - general	7.27
8520 · Insurance - non-employee	
8521 · Workmens Comp	1,044.00
8520 · Insurance - non-employee - Other	500.00
Total 8520 · Insurance - non-employee	1,544.00
8525 · Accountant	550.00
8530 · Membership dues - organization	2,465.80
8531 · Merchant Account	73.55
8540 · Staff development	806.84
8545 · Board/Staff Meetings	133.27
8561 · Tech Assistance	
8562 · Data Backup Service	99.50
8561 · Tech Assistance - Other	3,768.75
Total 8561 · Tech Assistance	3,868.25
8564 · Website Maintenance	199.99
8565 · Messenger Service	880.00
8580 · Depreciation expense	10,429.00
8590 · Other expenses	1,932.95
Total 8500 · Misc expenses	22,890.92
Total Expense	497,807.41
Net Ordinary Income	-25,681.41

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04/19/17

Cash Basis

Volunteer Attorneys for Rural Nevadans

Profit & Loss

January through December 2014

	Jan - Dec 14
Other Income/Expense	
Other Expense	
9800 · Fixed asset purchases	
9830 · Capital purchases - equipment	0.00
Total 9800 · Fixed asset purchases	0.00
Total Other Expense	0.00
Net Other Income	0.00
Net Income	<u>-25,681.41</u>

3:38 PM
04/19/17
Cash Basis

Volunteer Attorneys for Rural Nevadans
Balance Sheet
As of December 31, 2014

	Dec 31, 14
ASSETS	
Current Assets	
Checking/Savings	
1000 · Bank of the West - Checking	24,317.37
1070 · Bank of the West - CD Account	10,136.64
1075 · Bank of the West - MM Acct	10,143.60
Total Checking/Savings	44,597.61
Accounts Receivable	
1110 · Accounts receivable	-43,618.92
1240 · Grants receivable	-29,983.39
1300 · Due from Governments	-31,308.20
Total Accounts Receivable	-104,910.51
Total Current Assets	-60,312.90
Fixed Assets	
1640 · Furniture, fixtures, & equip	64,587.17
1699 · Accumulated depreciation	-47,701.00
1799 · Acumulated amoritization	-3,110.00
Total Fixed Assets	13,776.17
Other Assets	
1700 · Website	8,466.00
Total Other Assets	8,466.00
TOTAL ASSETS	-38,070.73
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
2050a · American Express	1,982.87
Total Credit Cards	1,982.87
Total Current Liabilities	1,982.87
Total Liabilities	1,982.87
Equity	
3010 · Unrestrict (retained earnings)	-14,372.19
Net Income	-25,681.41
Total Equity	-40,053.60
TOTAL LIABILITIES & EQUITY	-38,070.73

3:36 PM
04/19/17
Cash Basis

Volunteer Attorneys for Rural Nevadans
Profit & Loss
January through December 2015

	Jan - Dec 15
Ordinary Income/Expense	
Income	
4 • Contributed support	
4010 • Indiv/business contribution	7,697.50
4020 • Rule 6.1 Contribution	20,196.96
4210 • Corporate/business grants	5,000.00
4230 • Foundation/trust grants	185,810.00
4250 • Nonprofit organization grants	1,000.00
4520 • Federal grants	
4521 • VOCA	114,749.00
4522 • VAWA - LAV	106,475.00
4523 • STOP	73,321.96
4526 • DOJ/OVW Rural Grant	75,265.00
Total 4520 • Federal grants	369,810.96
Total 4 • Contributed support	589,515.42
5 • Earned revenues	
5011 • NRS 19.0312 Filing Fees	27,543.82
5012 • NRS 19.031 Filing Fees	6,041.21
5180 • Program service fees	
5181 • Immigration Services	1,230.00
Total 5180 • Program service fees	1,230.00
5190 • Litigation	1,218.00
5310 • Interest-savings/short-term inv	101.66
5490 • Miscellaneous revenue	4,128.94
Total 5 • Earned revenues	40,263.63
Total Income	629,779.05
Gross Profit	629,779.05
Expense	
6560 • Payroll Expenses	1,364.00
7000 • Grant & contract expense	
7010 • Contracts - program-related	8,196.44
Total 7000 • Grant & contract expense	8,196.44
7200 • Salaries & related expenses	
7220 • Salaries & wages - other	410,281.97
7250 • Payroll taxes	
7251 • Federal 941 Taxes	31,386.58
7252 • State Unemployment Taxes	5,989.59
Total 7250 • Payroll taxes	37,376.17
Total 7200 • Salaries & related expenses	447,658.14
7500 • Other personnel expenses	
7501 • Health Ins Premium	22,740.17
7502 • Professional Liability Insuranc	3,520.39
7503 • Directors & Officers Insurance	500.00
7520 • Accounting fees	575.00
7540 • Professional fees - other	1,860.00
7500 • Other personnel expenses - Other	2,276.86
Total 7500 • Other personnel expenses	31,472.42
8100 • Non-personnel expenses	
8110 • Supplies	4,504.22
8115 • Computer Software/Licenses	3,727.55

3:36 PM
04/19/17
Cash Basis

Volunteer Attorneys for Rural Nevadans
Profit & Loss
January through December 2015

	Jan - Dec 15
8130 • Telephone & telecommunications	5,281.38
8140 • Postage, shipping, delivery	4,505.67
8141 • Litigation	1,539.15
8160 • Equip rental & maintenance	1,761.58
8165 • Equipment	2,768.97
8170 • Printing & copying	602.48
Total 8100 • Non-personnel expenses	24,691.00
8200 • Occupancy expenses	
8210 • Rent, parking, other occupancy	27,810.96
8220 • Utilities	
8221 • Electricity	2,293.53
8222 • Gas	1,568.42
8223 • Waste Disposal	548.72
8224 • Water	2,470.57
Total 8220 • Utilities	6,881.24
8225 • Office Maintenance	2,685.60
Total 8200 • Occupancy expenses	37,377.80
8300 • Travel & meetings expenses	
8310 • Travel	
8311 • Client Related	7,599.56
8311.5 • Client Related - LAV	3,194.06
8312 • Client Related - VOCA	2,367.80
8313 • STOP	1,530.51
8315 • Outreach - Events & Travel	1,289.04
8317 • RIIP Client Related	2,782.17
8318 • RIIP Outreach	331.79
8319 • RIIP Training	2,229.02
Total 8310 • Travel	21,323.95
8320 • Conference, convention, meeting	4,013.47
Total 8300 • Travel & meetings expenses	25,337.42
8500 • Misc expenses	
8510 • Interest expense - general	33.16
8520 • Insurance - non-employee	
8521 • Workmens Comp	1,383.00
Total 8520 • Insurance - non-employee	1,383.00
8530 • Membership dues - organization	420.00
8531 • Merchant Account	90.72
8540 • Staff development	175.00
8545 • Board/Staff Meetings	382.09
8561 • Tech Assistance	
8562 • Data Backup Service	74.62
8561 • Tech Assistance - Other	4,551.50
Total 8561 • Tech Assistance	4,626.12

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04/19/17

Cash Basis

Volunteer Attorneys for Rural Nevadans

Profit & Loss

January through December 2015

	Jan - Dec 15
8564 • Website Maintenance	199.99
8565 • Messenger Service	1,660.00
8566 • Pro Bono Events	65.13
8580 • Depreciation expense	8,301.00
8590 • Other expenses	1,065.72
Total 8500 • Misc expenses	18,401.93
8700 • Fundraising Expenses	1,362.28
Total Expense	595,861.43
Net Ordinary Income	33,917.62
Net Income	<u>33,917.62</u>

3:38 PM
04/19/17
Cash Basis

Volunteer Attorneys for Rural Nevadans
Balance Sheet
As of December 31, 2015

	Dec 31, 15
ASSETS	
Current Assets	
Checking/Savings	
1000 · Bank of the West - Checking	23,759.05
1070 · Bank of the West - CD Account	10,162.01
1075 · Bank of the West - MM Acct	53,219.89
Total Checking/Savings	87,140.95
Accounts Receivable	
1110 · Accounts receivable	-43,618.92
1240 · Grants receivable	-29,983.39
1300 · Due from Governments	-31,308.20
Total Accounts Receivable	-104,910.51
Total Current Assets	-17,769.56
Fixed Assets	
1640 · Furniture, fixtures, & equip	64,587.17
1699 · Accumulated depreciation	-53,179.00
1799 · Accumulated amortization	-5,933.00
Total Fixed Assets	5,475.17
Other Assets	
1700 · Website	8,466.00
Total Other Assets	8,466.00
TOTAL ASSETS	-3,828.39
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
2050a · American Express	2,297.59
Total Credit Cards	2,297.59
Total Current Liabilities	2,297.59
Total Liabilities	2,297.59
Equity	
3010 · Unrestrict (retained earnings)	-40,043.60
Net Income	33,917.62
Total Equity	-6,125.98
TOTAL LIABILITIES & EQUITY	-3,828.39

3:36 PM
04/19/17
Cash Basis

Volunteer Attorneys for Rural Nevadans
Profit & Loss
January through December 2016

	Jan - Dec 16
Ordinary Income/Expense	
Income	
4 · Contributed support	
4010 · Indiv/business contribution	1,657.00
4020 · Rule 6.1 Contribution	19,681.43
4040 · Fundraising Events	8,683.00
4210 · Corporate/business grants	5,000.00
4230 · Foundation/trust grants	179,805.00
4250 · Nonprofit organization grants	2,000.00
4520 · Federal grants	
4521 · VOCA	119,937.00
4522 · VAWA - LAV	152,843.00
4523 · STOP	61,974.79
4526 · DOJ/OVW Rural Grant	70,425.00
Total 4520 · Federal grants	405,179.79
4530 · State grants	1,000.00
Total 4 · Contributed support	623,006.22
4999 · Uncategorized Income	455.45
5 · Earned revenues	
5011 · NRS 19.0312 Filing Fees	24,803.54
5012 · NRS 19.031 Filing Fees	5,324.61
5180 · Program service fees	
5181 · Immigration Services	985.00
Total 5180 · Program service fees	985.00
5190 · Litigation	602.04
5310 · Interest-savings/short-term inv	86.17
5490 · Miscellaneous revenue	2,052.04
Total 5 · Earned revenues	33,853.40
Total Income	657,315.07
Gross Profit	657,315.07
Expense	
6560 · Payroll Expenses	1,443.50
7000 · Grant & contract expense	
7010 · Contracts - program-related	21,600.00
Total 7000 · Grant & contract expense	21,600.00
7200 · Salaries & related expenses	
7220 · Salaries & wages - other	287,978.58
7250 · Payroll taxes	
7251 · Federal 941 Taxes	110,370.37
7252 · State Unemployment Taxes	5,049.09
Total 7250 · Payroll taxes	115,419.46
7200 · Salaries & related expenses - Other	1,148.09
Total 7200 · Salaries & related expenses	404,546.13
7500 · Other personnel expenses	
7501 · Health Ins Premium	66,637.39
7502 · Professional Liability Insurance	2,679.59
7503 · Directors & Officers Insurance	500.00
7540 · Professional fees - other	3,384.50
7500 · Other personnel expenses - Other	2,515.71
Total 7500 · Other personnel expenses	75,717.19

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04/19/17

Cash Basis

Volunteer Attorneys for Rural Nevadans
Profit & Loss
 January through December 2016

	Jan - Dec 16
8100 · Non-personnel expenses	
8110 · Supplies	3,540.90
8115 · Computer Software/Licenses	4,297.10
8130 · Telephone & telecommunications	5,044.66
8140 · Postage, shipping, delivery	4,167.70
8141 · Litigation	514.66
8160 · Equip rental & maintenance	1,857.54
8165 · Equipment	356.97
8170 · Printing & copying	1,312.84
8180 · Books, subscriptions, reference	914.00
Total 8100 · Non-personnel expenses	22,006.37
8200 · Occupancy expenses	
8210 · Rent, parking, other occupancy	28,971.72
8220 · Utilities	
8221 · Electricity	2,043.14
8222 · Gas	1,457.00
8223 · Waste Disposal	557.50
8224 · Water	2,523.15
Total 8220 · Utilities	6,580.79
8225 · Office Maintenance	3,180.76
Total 8200 · Occupancy expenses	38,733.27
8300 · Travel & meetings expenses	
8310 · Travel	
8311 · Client Related	2,025.31
8311.5 · Client Related - LAV	9,005.53
8312 · Client Related - VOCA	4,008.33
8313 · STOP	1,133.95
8314 · LAV Training	4,041.00
8315 · Outreach - Events & Travel	226.71
8317 · RIIP Client Related	879.30
8318 · RIIP Outreach	521.04
8319 · RIIP Training	3,939.83
Total 8310 · Travel	25,781.00
8320 · Conference, convention, meeting	3,827.82
Total 8300 · Travel & meetings expenses	29,608.82
8500 · Misc expenses	
8520 · Insurance - non-employee	
8521 · Workmens Comp	1,325.00
Total 8520 · Insurance - non-employee	1,325.00
8525 · Accountant	615.00
8530 · Membership dues - organization	1,740.80
8540 · Staff development	365.00
8541 · Staff Appreciation	776.40
8545 · Board/Staff Meetings	384.89
8561 · Tech Assistance	
8562 · Data Backup Service	99.50
8561 · Tech Assistance - Other	3,552.50
Total 8561 · Tech Assistance	3,652.00

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04/19/17

Cash Basis

Volunteer Attorneys for Rural Nevadans

Profit & Loss

January through December 2016

	Jan - Dec 16
8564 · Website Maintenance	1,212.99
8565 · Messenger Service	1,950.00
8566 · Pro Bono Events	152.00
8590 · Other expenses	9,408.61
Total 8500 · Misc expenses	21,582.69
8700 · Fundraising Expenses	2,577.74
Total Expense	617,815.71
Net Ordinary Income	39,499.36
Net Income	<u>39,499.36</u>

3:39 PM
04/19/17
Cash Basis

Volunteer Attorneys for Rural Nevadans
Balance Sheet
As of December 31, 2016

Dec 31, 16

ASSETS

Current Assets

Checking/Savings

1000 · Bank of the West - Checking	37,628.08
1070 · Bank of the West - CD Account	10,162.01
1075 · Bank of the West - MM Acct	78,306.06

Total Checking/Savings	126,096.15
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Accounts Receivable

1110 · Accounts receivable	-43,618.92
1240 · Grants receivable	-29,983.39
1300 · Due from Governments	-31,308.20

Total Accounts Receivable	-104,910.51
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Total Current Assets	21,185.64
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Fixed Assets

1640 · Furniture, fixtures, & equip	64,587.17
1699 · Accumulated depreciation	-53,179.00
1799 · Accumulated amortization	-5,933.00

Total Fixed Assets	5,475.17
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Other Assets

1700 · Website	8,466.00
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Total Other Assets	8,466.00
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TOTAL ASSETS	<u>35,126.81</u>
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LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable

2010 · Accounts payable	1,390.43
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Total Accounts Payable	1,390.43
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Credit Cards

2050b · Citi Card	363.00
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Total Credit Cards	363.00
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Total Current Liabilities	1,753.43
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Total Liabilities	1,753.43
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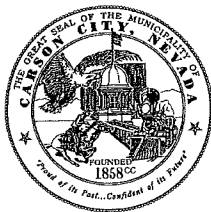
Equity

3010 · Unrestrict (retained earnings)	-6,125.98
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Net Income	39,499.36
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Total Equity	33,373.38
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TOTAL LIABILITIES & EQUITY	<u>35,126.81</u>
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Original copy

Community Support Services Grant (CSSG) Program Application Fiscal Year 2017

GENERAL INFORMATION

YOU MUST SEND A LETTER A OF INTENT TO APPLY AND RECEIVE APPROVAL BEFORE SUBMITTING APPLICATION. APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>.

APPLICATIONS ARE DUE*: April 21, 2017, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL
PLUS 2 COPIES TO:

Carson City Dept. of Finance
201 N. Carson St., Ste. 3
Carson City, NV 89701

*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. A PROGRESS REPORT MUST BE SUBMITTED WITH RENEWALS.

☐ NEW APPLICATION

☒ RENEWAL

APPLICANT INFORMATION

Agency Name: Nevada Health Centers, Inc.	
Agency Mailing Address: 3325 Research Way, Second Floor, Carson City, NV 89706	
Project Name: Dental Care for Low to Moderate Income Children	
Project Address/Location: 3325 Research Way, Carson City, NV 89706	
Contact Person: Jeannie Byassee	
Phone Number: 775-888-6681	Email: jbyassee@nvhealthcenters.org
Fax: 775-888-4916	Website (if applicable): www.nvhealthcenters.org

PROJECT FUNDING

Requested amount	\$30,000
Other funding	\$0
Total project cost	\$30,000

PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

With the opening of the Carson City School Based Health Center in 2015 and NVHC's presence in the community at Sierra Family Health Center, our medical providers have identified low income, uninsured children that are in significant need of dental care. With CSSG funding, NVHC wants to continue to bring our mobile dental program to Carson City to serve these patients to improve their health, school attendance, academic performance and ability to function as adults.

PROJECT ELIGIBILITY

Which City critical need does this project address?

<input type="checkbox"/> Mental Health/Substance or Domestic Abuse Services	<input checked="" type="checkbox"/> Health/Dental Services
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Disabled Services	<input type="checkbox"/> Education Services

I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. **(Max. Score: 10 points)**

The critical need that will be addressed by this project is the provision of preventative and restorative dental care to needy children who lack access to basic dental services. This project will serve low to moderate income children including those who are homeless or in transition who lack dental insurance and/or access to dental care. Nevada Health Centers (NVHC) has operated the Carson City School Based Health Center since 2015 that provides access to primary healthcare services to Carson City School District students, their siblings, and parents. The Carson City School Based Health Center is located at 618 West Musser in the same building as the McKinney-Vento Student in Transition Program. The continued co-location of these services is highly beneficial to serving families in need. NVHC's School Based Health Center provides a variety of healthcare services that includes preventative well child exams, immunizations, school physicals, and sick child care. Pediatric services combined with our services offered at the Sierra Family Health Center at 3325 Research Way (First Floor), continues to bring our attention to the fact that there are many children living in Carson City who do not have access to basic dental care due to their family's financial situation or lack of insurance to cover much needed dental procedures. Lack of access to routine preventative care (exams, cleanings, fluoride varnish) and restorative care (fillings, crowns, root canals) can result in tooth decay and oral infection. This can cause the child to be in pain, compromising their ability to attend and/or learn in school. If not resolved, poor oral health can lead to gum disease and tooth loss that can affect speech development, the child's ability to nourish their body and grow, and can affect their overall health as they become adults.

Last year, with CSSG's help, NVHC's Ronald McDonald Care Mobile made two trips to Carson City to provide dental care to children in need. Our dentist indicated "the patients seen were primarily elementary to middle school age youth who had significant decay in multiple teeth. Many of these children had never been to a dentist before". Children seen on our Ronald McDonald Care Mobile also receive oral health education, a toothbrush, and toothpaste to take home with them. In addition to our mobile unit, NVHC also provides dental care at the Elko Family Medical and Dental Center, and in Las Vegas at the Eastern Dental Center.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed allotted space. **(Max. Score 25 pts)**

In partnership with Ronald McDonald House Charities, NVHC operates the Ronald McDonald Care Mobile that travels throughout the State of Nevada providing dental services to children (infant to age 21) where dental provider shortages exist and children lack care access due to barriers. The Ronald McDonald Care Mobile is self-contained with its equipment powered by diesel generators that enable the mobile dental center to drive in, park, and provide services at almost any level location if an exterior power connection is not available. Nevada Health Centers Sierra Family Health Center and its Northern Nevada Administrative Hub at 3325 Research Way in Carson City maintains an electrical power connection for our two mobile units (Ronald McDonald Care Mobile and the Mammovan). Ronald McDonald Care Mobile services may be provided at our Carson City location or other various community locations. The Ronald McDonald Care Mobile has two dental exam rooms joined by a dental lab in the center. The Ronald McDonald Care Mobile dental teams are comprised of a licensed dentist and/or dental hygienist, dental assistant, intake specialists and a driver (with a commercial drivers license). The Ronald McDonald Care Mobile maintains two travel teams: the northern Nevada team is from the Elko Dental Center and the southern Nevada team is from the Eastern Dental Center in Las Vegas. The regional travel teams significantly reduce fuel and other travel costs for the mobile unit, travel time for our provider teams, and allows for greater operational efficiency since the teams travel to and from the mobile unit to provide care.

NVHC is proposing to bring its mobile dental center (The Ronald McDonald Care Mobile) back to Carson City during the 2017/2018 school year to serve children in need of dental care. Patient appointments would be coordinated by NVHC's dental team through the Carson City School Based Health Center, social service organizations, and/or events such as RAM (Remote Area Medical). Over the past year, NVHC has also established a partnership with local McDonald's Restaurants that has provided an opportunity to promote community outreach and host The Ronald McDonald Care Mobile on their properties in Carson City as needed to provide children with

dental care. This partnership combined with our collaboration with Carson City School District through the school based health center will help us meet the huge demand for children's dental care in Carson City.

CSSG funding will help us bring The Ronald McDonald Care Mobile back to Carson City to serve more children in need of dental care. We will meet this critical need by reducing the number of Carson City children who are struggling with poor dental health. NVHC plans to serve at least 42 children as a result of this funding.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

Nevada Health Centers makes every effort to collaborate with other agencies to make a greater impact when providing services to those in need. Last year, when we learned our CSSG funding was approved and we would be serving children in Carson City, we reached out to Kassity Management Group, the local McDonald's Restaurant franchise owner, Chris Kassity. He was unaware that Nevada Health Centers operated a Ronald McDonald Care Mobile that served northern Nevada. When The Ronald McDonald Care Mobile came to Carson City to provide services last year, we were able to meet with Chris Kassity, Nicole Abowd, and others from McDonald's Restaurant team, and provide a tour of the mobile unit which led to additional partnership opportunities.

Our visit also helped to inspire a northern Nevada funder to upgrade the dental equipment and dental chairs in the mobile unit. The Ronald McDonald Care Mobile is now well-positioned to provide more children with dental exams, x-rays, preventative cleanings, sealants, fluoride varnish, oral health education, and restorations such as fillings, root canals, and crowns. Children who receive dental care on The Ronald McDonald Care Mobile also receive a toothbrush and toothpaste to take home to help them take care of their teeth and continue good oral care habits.

NVHC's Carson City School Based Health Center and our Sierra Family Health Center continue to identify children in need of dental services that are being referred for care on The Ronald McDonald Care Mobile. NVHC's Carson City School Based Health Center is co-located in the same building as Carson City School District's McKinney Vento Program that serves homeless children and children in transition. NVHC's School Based Health Center in Carson City is a partnership with Carson City School District to provide children and their family with basic health services to prevent and treat illness to improve school attendance and academic performance. Since the Carson City School Based Health Center only provides medical services, the ability to bring our mobile dental unit to Carson City to serve children who also need dental care, is significant in providing comprehensive healthcare services.

Our visits to Carson City also encouraged The Carson Agency Action Network (CAAN) to invite our staff to provide a presentation regarding the Ronald McDonald Care Mobile and its services at their quarterly meeting last fall. This provided opportunities for discussions on the need for children's dental services in Carson City and surrounding rural communities. This information continues to assist us as we plan to meet the dental needs of area children. Our program is very unique and will not duplicate any existing services. NVHC maintains a sliding fee discount program to help make dental and medical care more accessible and we offer grant-funded care for those who are uninsured and unable to afford care on their own.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

CSSG funding will be utilized to bring The Ronald McDonald Care Mobile to Carson City and provide dental care to children in need. By bringing our mobile dental unit to Carson City, we are able to create greater awareness of the availability of mobile dental services and leverage funder support for sustainability. When The Ronald McDonald Care Mobile is in Carson City, we invite funders to tour the unit and meet our dental team. This provides potential partners and/or funders with a greater understanding of this program, and the impact it continues to make in Carson City and surrounding areas.

NVHC will reduce the need for CSSG grant funding in the future by utilizing existing funding to leverage and build greater partnerships to sustain funding needs. NVHC will continue to maintain a development department that is charged with procuring funding from a variety of sources for projects such as this. These sources may include private and corporate funders, and grant support from city and county funds, and individual donations.

NVHC's dental team will continue to work with patients to determine if they have private insurance, Medicaid, or Medicare and if these sources will help pay for care. NVHC has staff available to help patients sign up for Medicaid, Silver State Health Exchange products, or other resources that may serve as a future payer source for care.

NVHC generates some program income from patient revenue which goes back into the program as income. This offsets operational costs including staff salaries, maintenance, supplies, and other expenses not covered by grants.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Yes. If Nevada Health Centers is awarded only a portion of the requested \$30,000, NVHC will continue with the project on a smaller scale. NVHC will make every effort to maximize our resources to serve as many children as possible, however, fewer children would be served with CSSG funding. NVHC also maintains a development department that may also be able to reach out to additional funders in an attempt to leverage additional funding as needed. NVHC has discussed bringing The Ronald McDonald Care Mobile back to Carson with social service providers and there is a consensus that additional dental services for children in Carson City is a priority.

II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? **(Max Score: 5 points)**

NVHC anticipates that 100% of the children served with CSSG funding will be Carson City residents. NVHC will collect patient data including address upon check in and expects that at least 98% of the children seen will be NVHC patients through the Carson City School Based Health Center or Sierra Family Health Center, or will be referred from another local service partner. By parking the Ronald McDonald Care Mobile in a visible location, we estimate that 2% of the patients may be walk-ins. Our staff will establish patient appointments for all Ronald McDonald Care Mobile visits to Carson City, and will take walk-ins as time permits or schedule these children for appointments on another service day.

2. How do you plan to track clients served? **(Max Score: 5 points)**

Clients served on The Ronald McDonald Care Mobile will be tracked in Nevada Health Centers' electronic health record system, NextGen. Recent dental upgrades allow for more efficient tracking of patient data, patient demographics, compilation of aggregate data for statistical reporting, and tracking of level of care, services received, and completion of the patient's treatment plan. All of NVHC's health centers and mobile programs utilize this system for patient management. This information helps us understand our demographics served, so we know how to promote and communicate our services to individuals needing care and to enhance our level of healthcare services as needed to meet patient demand. We also track progress to performance measures with one of our measures being to increase the number of children who receive dental sealants on molars to reduce decay.

3. What is the projected **outcome** of this /project? (How will the clients served benefit from this project and how will that be measured?) **(Max Score: 20 points)**

The projected outcome of this project is to provide low to moderate income children with needed dental care to improve their health and well-being. Patients will benefit from access to preventative and restorative dental care.

To measure the success of this program, NVHC has developed the following outcome measures:

1. NVHC will serve at least 42 children with a variety of dental care services during the grant period.
2. NVHC anticipates that approximately 98% of the children served will be identified and referred for dental care by the Carson City School Based Health Center, NVHC's Sierra Health Center, or other social service or community partner.

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Service visit planning and coordination will begin July 1, 2017 or upon award. Preventative and restorative dental services will be scheduled between August 1, 2017 in coordination with Carson City School District's School Year and reach completion by May 31, 2018.	Low to moderate income children living in Carson City who are in need of dental care but lack access to services.	Throughout this project period, we anticipate serving at least 42 children with dental care.
2	By the end of the 2 nd quarter (December 2017), we anticipate that at least 21 children will receive preventative and/or restorative dental care.	Low to moderate income children living in Carson City who are in need of dental care but lack access to services.	We anticipate that 21 children (50%) of the 42 children projected will be seen by December 31, 2017.
3	Throughout the course of this grant funding, 100% of the children served will receive oral health education.	Low to moderate income children living in Carson City who are in need of dental care but lack access to services.	Throughout this project period, we anticipate that 100% of the children served will also receive oral health education.
4	At the end of the project period, we anticipate that at least 42 children will have received preventative and/or restorative dental care.	Low to moderate income children living in Carson City who are in need of dental care but lack access to services.	We anticipate that (100%) of the 42 children projected to be served will be seen by May 31, 2018.

5. If this is a renewal, describe your successes and challenges while implementing your project. What will you do to make improvements?

We implemented this project last year with CSSG funding. We requested \$30,000 and received \$10,000 last year for this project. Based on this, we realigned our project and served 30 children with preventative and/or restorative dental services. Since this was a new program, one of our greatest challenges was bringing awareness to the community about The Ronald McDonald Care Mobile's services, its arrival and service dates. This information was marketed through flyers and provided to our social service and community partners, however, in some cases the information was not posted as far in advance as preferred. We understand marketing service days and times is very important and have developed additional marketing strategies in which to notify residents of our visits. Additionally, we know that there are many children in need and that by parking The Ronald McDonald Care Mobile in a highly visible location, we will be able to reach more children.

III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title: Dental Care for Low to Moderate Income Children	Requested Amount	Other Funding	In-Kind	Total Funds
Project Expenses FY 2016-17				
Fuel for the mobile generators and to support the Ronald McDonald Care Mobile's travel roundtrip from Elko home base to Carson City and back. (2 trips)	\$400	\$0	\$0	\$400
Rental Cars/Meals-Provider Team Travel (four providers) x 2 trips	\$2,600	\$0	\$0	\$2,600
Lodging-Hotel (four providers) x 2 trips	\$4,000	\$0	\$0	\$4,000
Client Service Dollars:				
Dental services for *42 children	\$23,000	\$0	\$0	\$23,000
All per diem staff salaries vary and dental stall will be paid by Nevada Health Centers.				
*Based on last year's services — Dental services average cost per child was higher than anticipated at \$547.64 due to some children having significant care need (\$547.64 x 42 = \$23,000)				
TOTALS	\$30,000	\$0	\$0	\$30,000

AGENCY ASSETS

Unrestricted cash	\$2,867,670
Restricted cash*	\$ 232,563
Total cash on hand	\$3,100,233

*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe. N/A

BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Fuel for Ronald McDonald Care Mobile to travel roundtrip from Elko home base to Carson City and fuel for mobile generators.	\$400	Fuel calculated at: 35 gallons x \$2.87 gallon = \$100 approximately x 2 roundtrips x 2 trips \$400 for Fuel for Ronald McDonald Care Mobile
Staff travel – Dental Providers that work on the Ronald McDonald Care Mobile.	\$2,600	2 Rental Cars for 4 staff members (\$150 per car x 2 cars x 2 trips = \$600) Meal Per Diem for 4 staff members (\$41.66 per day x 6 days x 4 providers) = \$1,000 x 2 trips = \$2,000
Lodging – Hotel for Dental Providers	\$4,000	\$100 a night x 5 nights x 4 providers) = \$2,000 x 2 trips = \$4,000
Client Services	\$23,000	Dental Care for 42 Carson City Children: Dental service average cost per child last year was higher than anticipated at \$547.64 instead of \$306.66 due to the children having greater levels of care need (\$547.64 x 42 = \$23,000) This is an estimation based on last year's services since the cost of serving patients is dependent upon the dental need of the patient.
*All per diem staff salaries vary and dental staff will be paid by Nevada Health Centers.		

PROJECT ADMINISTRATION

AGENCY DIRECTOR

Name:	Walter B. Davis
Title:	Chief Executive Officer
Address	3325 Research Way, Carson City, NV 89706
Phone number:	775-887-1590 X1114
Email:	wdavis@nvhealthcenters.org

PROJECT MANAGER

Name:	Mac McWaine
Title:	Director of Operations-Southern Nevada (Dental Program Oversight)
Address	1799 Mount Mariah Drive, Las Vegas, NV 89106
Phone number:	702-383-1961 x1355
Email:	jmcwaine@nvhealthcenters.org

FISCAL MANAGER

Name:	Kathy Triplett
Title:	Chief Financial Officer
Address	3325 Research Way, Carson City, NV 89706
Phone number:	775-888-6632
Email:	ktriplett@nvhealthcenters.org

PERFORMANCE TRACKING CONTACT

Name:	Beverly Coleman
Title:	Executive Director, Development
Address	3325 Research Way, Carson City, NV 89706
Phone number:	775-888-6616
Email:	bcoleman@nvhealthcenters.org

AGENCY INFORMATION

Date of incorporation	1977
Date of IRS certification	July 1994
Tax exempt number	94-3199117
DUNS#: (http://www.dnb.com/get-a-duns-number.html)	139767255

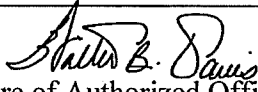
Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

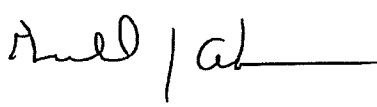
INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)	✓
2	Proof of incorporation from Secretary of State (Certificate Only) Go to https://www.nvsilverflume.gov/certificate You will need to register in order to get the certificate. Cost is \$50. OR Submit proof that your entity is active and in good standing. Go to http://nvsos.gov/sosentitysearch/ and print your business entity information	✓
3	Current Organization Chart with names of staff members	✓
4	Current Board of Directors and terms of office. [If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CSSG funds.]	✓
5	501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)	✓
6	Profit and Loss Statements and Balance Sheets for prior <u>3</u> years	✓
7	Funding commitment letters and/or letters of support (if applicable)	N/A
8	Nevada Health Centers Ronald McDonald Care Mobile Photos	✓

Community Support Services Grant (CSSG)
Program Application
Fiscal Year 2017

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

 Signature of Authorized Official	Date 4/20/17
Walter B. Davis, Chief Executive Officer Typed Name and Title of Authorized Official	775-887-1590 X1114 Phone Number

 Signature of President of Board of Directors	Date 4/20/17
Gerald Ackerman, Board Chair Typed Name of President of Board of Directors	775-887-1590 Phone Number

Attachment 1:
IRS Tax Exempt 501(c)(3) Letter



Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0438081548
July 23, 2012 LTR 4168C 0
94-3199117 000000 00

00029972

BODC: TE

NEVADA HEALTH CENTERS INC
3325 RESEARCH WAY
CARSON CITY NV 89706



062335

Employer Identification Number: 94-3199117
Person to Contact: Sarah Jensen
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 12, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in July 1994.

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

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

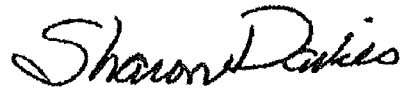
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0438081548 /
July 23, 2012 LTR 4168C 0
94-3199117 000000 00
00029973

NEVADA HEALTH CENTERS INC
3325 RESEARCH WAY
CARSON CITY NV 89706

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

Sincerely yours,



Sharon Davies
Accounts Management I

NEVADA HEALTH CENTERS, INC.

Attachment 2:
Secretary of State Proof of Incorporation

Business Entity Information

Status:	Active	File Date:	10/22/1992
Type:	Domestic Non-Profit Corporation	Entity Number:	C11500-1992
Qualifying State:	NV	List of Officers Due:	10/31/2016
Managed By:		Expiration Date:	
NV Business ID:	NV19921063186	Business License Exp:	

Additional Information

Central Index Key:	943199117
--------------------	-----------

Registered Agent Information

Name:	HOY CHRISSINGER KIMMEL VALLAS PC	Address 1:	50 W LIBERTY ST STE 840
Address 2:		City:	RENO
State:	NV	Zip Code:	89501
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information

No Par Share Count:	0	Capital Amount:	\$ 0
No stock records found for this company			

☒ Officers

☐ Include Inactive Officers

Director - GERALD ACKERMAN

Address 1:	3325 RESEARCH WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	USA
Status:	Active	Email:	

President - GERALD ACKERMAN

Address 1:	3325 RESEARCH WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	USA
Status:	Active	Email:	

Secretary - LINDA BINGAMAN			
Address 1:	3325 RESERACH WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	USA
Status:	Active	Email:	
Treasurer - MAURICE WASHINGTON			
Address 1:	3325 RESEARCH WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	USA
Status:	Active	Email:	

- Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	C11500-1992-001	# of Pages:	5
File Date:	10/22/1992	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Change		
Document Number:	C11500-1992-003	# of Pages:	1
File Date:	8/7/1997	Effective Date:	
MICHAEL L. MELNER			
457 COURT STREET RENO NV 89501 MJM			
Action Type:	Registered Agent Change		
Document Number:	C11500-1992-004	# of Pages:	2
File Date:	10/12/1998	Effective Date:	
MRS. ANA COLON AEBI			
204 N. MINNESOTA STREET CARSON CITY NV 89703 MJM			
Action Type:	Annual List		
Document Number:	C11500-1992-011	# of Pages:	1
File Date:	11/9/1999	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C11500-1992-012	# of Pages:	1
File Date:	8/31/2000	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C11500-1992-008	# of Pages:	1
File Date:	11/8/2000	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		

Document Number:	C11500-1992-007	# of Pages:	1
File Date:	10/24/2001	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C11500-1992-010	# of Pages:	1
File Date:	11/5/2002	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C11500-1992-006	# of Pages:	1
File Date:	11/6/2003	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C11500-1992-009	# of Pages:	1
File Date:	12/31/2003	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C11500-1992-002	# of Pages:	1
File Date:	10/18/2004	Effective Date:	
List of Officers for 2004 to 2005			
Action Type:	Annual List		
Document Number:	20050507449-76	# of Pages:	1
File Date:	10/24/2005	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20060327233-78	# of Pages:	1
File Date:	5/24/2006	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060736787-36	# of Pages:	1
File Date:	11/14/2006	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20070440756-15	# of Pages:	1
File Date:	6/27/2007	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20070758354-81	# of Pages:	1
File Date:	10/31/2007	Effective Date:	
(No notes for this action)			

Action Type:	Amended List		
Document Number:	20080400016-41	# of Pages:	1
File Date:	6/12/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080675650-39	# of Pages:	1
File Date:	10/13/2008	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20090410255-68	# of Pages:	1
File Date:	5/13/2009	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20090799069-21	# of Pages:	2
File Date:	11/6/2009	Effective Date:	
oct 09-10			
Action Type:	Annual List		
Document Number:	20100897310-71	# of Pages:	1
File Date:	11/29/2010	Effective Date:	
2010/2011			
Action Type:	Amended List		
Document Number:	20110318438-61	# of Pages:	1
File Date:	4/28/2011	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20110748700-60	# of Pages:	1
File Date:	10/18/2011	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20120420794-61	# of Pages:	1
File Date:	6/15/2012	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120708820-90	# of Pages:	1
File Date:	10/17/2012	Effective Date:	
12-13			
Action Type:	Amended List		
Document Number:	20130351660-07	# of Pages:	1
File Date:	5/28/2013	Effective Date:	

(No notes for this action)

Action Type:	Annual List		
Document Number:	20130521665-61	# of Pages:	1
File Date:	8/7/2013	Effective Date:	

(No notes for this action)

Action Type:	Registered Agent Change		
Document Number:	20140031850-44	# of Pages:	1
File Date:	1/15/2014	Effective Date:	

(No notes for this action)

Action Type:	Annual List		
Document Number:	20140746743-98	# of Pages:	4
File Date:	10/29/2014	Effective Date:	

14-15

Action Type:	Charitable-Solicitation Registration Statement		
Document Number:	20140746744-09	# of Pages:	2
File Date:	10/29/2014	Effective Date:	

(No notes for this action)

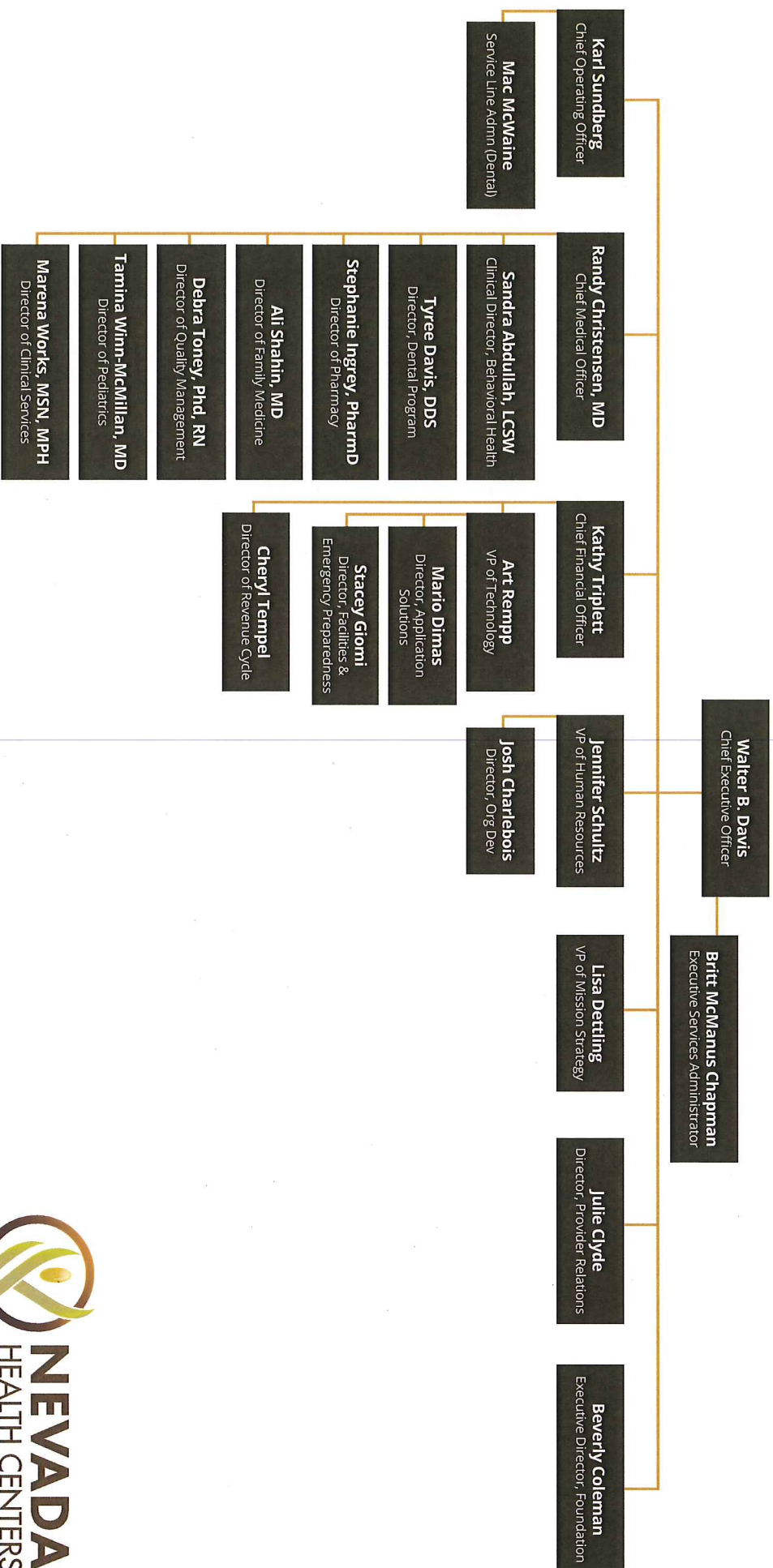
Action Type:	Annual List		
Document Number:	20150492264-25	# of Pages:	2
File Date:	11/9/2015	Effective Date:	

15-16

Action Type:	Charitable-Solicitation Registration Statement		
Document Number:	20150492265-36	# of Pages:	2
File Date:	11/9/2015	Effective Date:	

(No notes for this action)

Key Leadership Organizational Structure





Attachment 4:
Board of Directors & Terms of Office

BOARD OF DIRECTORS AND TERMS

UPDATED APRIL 2017

Name	Professional Affiliation	Location	Elected	Executive Office	Committee Assignment	2 Year Term Ends	Final Term Ends
Jared Carter*	Food and Beverage Manager, Peppermill Wendover	Wendover	06/09		Finance Committee	05/18	2019
Linda Bingaman	Community Volunteer	Carlin	06/12		QA-RM Committee	05/18	2022
Gerald Ackerman*	Director, Office of Rural Health University of Nevada School of Medicine	Elko	06/12	Chair	Personnel/Planning Committee QA-RM Committee	05/18	2022
Alicia Barnes	Businesswoman	Las Vegas	06/13	Secretary	Personnel/Planning Committee QA-RM Committee	05/17	2023
D. Edward Chaney	Pastor, Second Baptist Church	Las Vegas	06/13		Personnel/Planning Committee	05/17	2023
Maurice Washington	Community Volunteer	Reno	06/14	Treasurer	Finance Committee	05/18	2024
Adriana Fralick*	Chief Deputy District Attorney, Carson City	Carson City	06/14	Vice-Chair	Finance Committee	05/18	2024
Jeff Snyder*	Practice Administrator, OB-GYN Associates	Reno	Term Will Begin 06/17		Personnel/Planning Committee	06/19	2027

*Consumer Member

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**2015****Open to Public Inspection**

A For the 2015 calendar year, or tax year beginning <u>06/01</u> , 2015, and ending <u>05/31</u> , 20 <u>16</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Nevada Health Centers</u>
	Doing business as _____
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>3325 Research Way 2nd Floor</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Carson City, NV, 89706</u>
	F Name and address of principal officer: <u>NHC</u> <u>3325 Research Way, Carson City, NV 89706</u>
	D Employer identification number <u>94-3199117</u>
E Telephone number <u>775-887-1590</u>	
G Gross receipts \$ <u>34,970,556</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) 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: ▶
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: <u>1977</u> M State of legal domicile: <u>NV</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>NVHC provides health services throughout the state of Nevada. Health services include OB/GYN, Pediatrics, Internal Medicine, and Primary medical care and dental care (Continued on Schedule O, Statement 1)</u>		
	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	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	494
	6 Total number of volunteers (estimate if necessary)	6	0
	7a 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	Current Year
	9 Program service revenue (Part VIII, line 2g)	15,765,788	16,872,360
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31	15
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	724,211	167,615
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,029,463	34,970,556
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,924,595	24,908,917
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,852,505	10,459,357
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	31,777,100	35,368,274
	19 Revenue less expenses. Subtract line 18 from line 12	252,363	-397,718
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	25,182,906	24,819,417	
22 Net assets or fund balances. Subtract line 21 from line 20	3,967,990	4,002,219	
		21,214,916	20,817,198

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			
	<u>Walter Davis, CEO</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>Jeremy Ware</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00642659</u>
	Firm's name ▶ <u>CHW LLP</u>	Firm's EIN ▶ <u>47-2517777</u>			
	Firm's address ▶ <u>7797 N First Street Suite 15, Fresno, CA 93720</u>		Phone no. <u>559-549-5400</u>		
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

NVHC provides health services throughout the State of Nevada. Health services include OB/GYN, Pediatrics, Internal Medicine and Primary medical and dental care services. NVHC operates a mobile mammography clinic as well as mobile dental clinics. NVHC operates several Women, Infant and Children clinics in Southern Nevada.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 25,386,362 including grants of \$ 0) (Revenue \$ 17,263,978)

Operated 16 health clinics, 7 WIC locations and one Mammovan in Nevada emphasizing preventative health care and medical services responsive to the needs of the local area. Health services include OB/GYN, Pediatrics, Internal Medicine and Primary medical and dental care services. NVHC operates a mobile mammography clinic as well as mobile dental clinics. NVHC operated the 7 Women, Infant and Children clinics in Southern Nevada.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **25,386,362**

Nevada Health Centers, Inc.
Balance Sheets
May 31, 2014 and 2013

	2014	2013
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 2,232,539	\$ 3,472,579
Patient accounts receivable, net	1,001,901	1,096,424
Grants and contracts receivable	821,550	555,893
Estimated third party settlement	2,057,270	115,004
Inventories	263,378	213,240
Prepaid expenses	177,278	143,786
Total current assets	6,553,916	5,596,926
Property and equipment, net	18,007,554	18,214,737
Deposits	82,792	98,303
Total assets	<u>\$24,644,262</u>	<u>\$ 23,909,966</u>
LIABILITIES AND NET ASSETS		
Liabilities:		
Current liabilities:		
Capital lease obligation – current portion	\$ -	\$ 64,543
Notes payable – current portion	46,047	1,312,418
Accounts payable and other accrued expenses	515,850	946,390
Accrued payroll liabilities	1,698,491	1,204,518
Deferred revenue	193,079	288,687
Total current liabilities	2,453,467	3,816,556
Long-term liabilities		
Notes payable – net of current portion	1,228,242	-
Total long-term liabilities	1,228,242	-
Total liabilities	3,681,709	3,816,556
Net Assets:		
Unrestricted	20,962,553	20,093,410
Total net assets	20,962,553	20,093,410
Total liabilities and net assets	<u>\$24,644,262</u>	<u>\$ 23,909,966</u>

See accompanying Notes to the Financial Statements

Nevada Health Centers, Inc.
Statements of Operations and Changes in Net Assets
For the years ended May 31, 2014 and 2013

	2014	2013
Change in Unrestricted Net Assets:		
Revenue and other support:		
Patient and third party revenue, net	\$13,615,411	\$11,681,876
Grant and contract revenue	14,701,640	13,874,945
Contributions	459,246	480,937
Other	562,634	171,151
Total unrestricted revenue and other support	29,338,931	26,208,909
 Expenses:		
Salaries & benefits	19,371,390	17,058,670
Medical contractual services	1,265,521	1,966,314
Purchased services	1,516,843	1,249,131
Supplies	922,271	903,946
Communications	502,705	492,336
Dues and subscriptions	150,474	110,292
Repairs and maintenance	789,177	720,911
Travel, conferences and meetings	797,104	726,211
Insurance	124,840	104,154
Building and equipment rent	848,878	819,015
Utilities	396,094	504,961
Depreciation	1,011,091	1,354,325
Interest	69,774	95,001
Other	703,626	794,163
Total expenses	28,469,788	26,899,430
 Increase (decrease) in net assets	869,143	(690,521)
 Net Assets:		
Beginning of year	20,093,410	20,783,931
End of year	\$20,962,553	\$20,093,410

See accompanying Notes to the Financial Statements

Nevada Health Centers, Inc.
Balance Sheets
May 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 3,570,081	\$ 2,232,539
Patient accounts receivable, net	1,843,959	1,001,901
Grants and contracts receivable	1,167,377	821,550
Estimated third party settlement	546,901	2,057,270
Inventories	357,033	263,378
Prepaid expenses	143,461	177,278
Total current assets	<u>7,628,812</u>	<u>6,553,916</u>
 Property and equipment, net	 17,460,131	 18,007,554
Deposits	93,963	82,792
Total assets	<u>25,182,906</u>	<u>\$24,644,262</u>
 LIABILITIES AND NET ASSETS		
Liabilities:		
Current liabilities:		
Notes payable – current portion	\$ 48,061	\$ 46,047
Accounts payable and other accrued expenses	876,534	515,850
Accrued payroll liabilities	1,722,787	1,698,491
Deferred revenue	140,677	193,079
Total current liabilities	<u>2,788,059</u>	<u>2,453,467</u>
 Long-term liabilities		
Notes payable – net of current portion	1,179,931	1,228,242
Total long-term liabilities	<u>1,179,931</u>	<u>1,228,242</u>
 Total liabilities	 <u>3,967,990</u>	 <u>3,681,709</u>
Net Assets:		
Unrestricted	21,214,916	20,962,553
Total net assets	<u>21,214,916</u>	<u>20,962,553</u>
 Total liabilities and net assets	 <u>\$25,182,906</u>	 <u>\$24,644,262</u>

See accompanying Notes to the Financial Statements

Nevada Health Centers, Inc.
Statements of Operations and Changes in Net Assets
For the years ended May 31, 2015 and 2014

	2015	2014
Change in Unrestricted Net Assets:		
Revenue and other support:		
Patient and third party revenue, net	\$15,539,433	\$13,615,411
Grant and contract revenue	15,370,014	14,701,640
Contributions	395,774	459,246
Other	724,242	562,634
Total unrestricted revenue and other support	32,029,463	29,338,931
 Expenses:		
Salaries & benefits	21,962,925	19,371,390
Medical contractual services	1,169,950	1,265,521
Purchased services	1,623,288	1,516,843
Supplies	1,169,750	922,271
Communications	535,799	502,705
Dues and subscriptions	156,475	150,474
Repairs and maintenance	924,509	789,177
Travel, conferences and meetings	933,356	797,104
Insurance	129,370	124,840
Building and equipment rent	913,332	848,878
Utilities	403,370	396,094
Depreciation	963,714	1,011,091
Interest	54,006	69,774
Other	837,256	703,626
Total expenses	31,777,100	28,469,788
 Increase (decrease) in net assets	252,363	869,143
 Net Assets:		
Beginning of year	20,962,553	20,093,410
End of year	\$21,214,916	\$20,962,553

See accompanying Notes to the Financial Statements

Nevada Health Centers, Inc.
Balance Sheets
May 31, 2016 and 2015

	2016	2015
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 3,100,233	\$ 3,570,081
Patient accounts receivable, net	2,312,319	1,843,959
Grants and contracts receivable	589,481	1,167,377
Estimated third-party payor settlement	859,170	546,901
Inventories	456,674	357,033
Prepaid expenses	201,353	143,461
Total current assets	7,519,230	7,628,812
 Property and equipment, net	 17,202,652	 17,460,131
Deposits	97,535	93,963
Total assets	<u>\$ 24,819,417</u>	<u>\$ 25,182,906</u>
 LIABILITIES AND NET ASSETS		
Liabilities:		
Current liabilities:		
Notes payable – current portion	\$ 50,135	\$ 48,061
Accounts payable and other accrued expenses	670,407	876,534
Accrued payroll liabilities	1,924,524	1,722,787
Deferred revenue	227,486	140,677
Total current liabilities	2,872,552	2,788,059
 Long-term liabilities		
Notes payable – net of current portion	1,129,667	1,179,931
Total long-term liabilities	1,129,667	1,179,931
 Total liabilities	 4,009,719	 3,967,990
Net Assets:		
Unrestricted	20,817,198	21,214,916
Total net assets	20,817,198	21,214,916
 Total liabilities and net assets	 <u>\$ 24,819,417</u>	 <u>\$ 25,182,906</u>

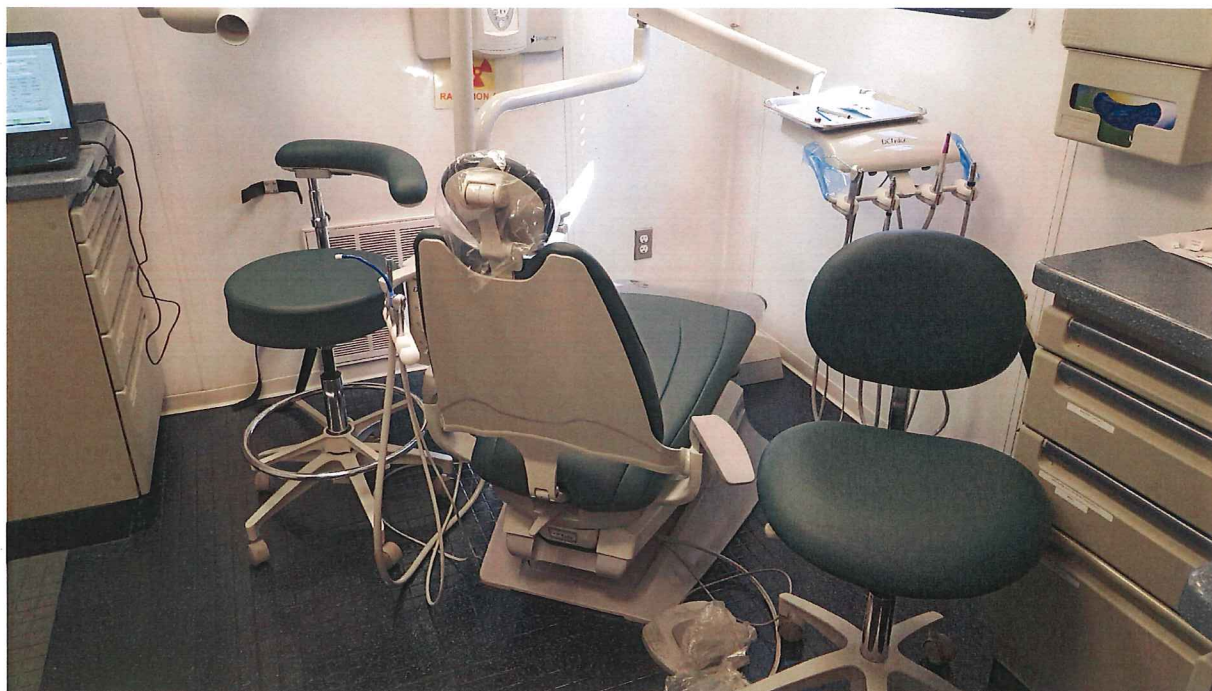
See accompanying Notes to the Financial Statements

Nevada Health Centers, Inc.
Statements of Operations and Changes in Net Assets
For the years ended May 31, 2016 and 2015

	2016	2015
Change in Unrestricted Net Assets:		
Revenue and other support:		
Patient and third party revenue, net	\$ 17,263,978	\$ 15,539,433
Grant and contract revenue	16,419,557	15,370,014
Contributions	452,803	395,774
Other	834,218	724,242
Total unrestricted revenue and other support	34,970,556	32,029,463
 Expenses:		
Salaries & benefits	24,863,051	21,962,925
Medical contractual services	725,301	1,169,950
Purchased services	2,374,952	1,623,288
Supplies	1,554,243	1,169,750
Communications	494,053	535,799
Dues and subscriptions	218,498	156,475
Repairs and maintenance	1,118,415	924,509
Travel, conferences and meetings	903,219	933,356
Insurance	144,164	129,370
Building and equipment rent	1,014,181	913,332
Utilities	357,984	403,370
Depreciation	952,776	963,714
Interest	53,041	54,006
Other	594,396	837,256
Total expenses	35,368,274	31,777,100
 Increase (decrease) in net assets	(397,718)	252,363
 Net Assets:		
Beginning of year	21,214,916	20,962,553
End of year	\$ 20,817,198	\$ 21,214,916

See accompanying Notes to the Financial Statements

Attachment 8:
Ronald McDonald Care Mobile Photos



Community Support Services Grant (CSSG) Progress Report

This report must be filled out by prior year CSSG grantees who are submitting a new application

Name of Organization: Nevada Health Centers, Inc.

Program/Project: Dental Care for Low to Moderate Income Children and Adults

Amount of Funds Received \$ 10,000

Grant Period: July 1, 2016 to June 30, 2017

Contact Person: Beverly Coleman

Mailing Address: 3325 Research Way

City: Carson City State: Nevada Zip Code: 89706

Phone Number: 777-888-6616 E-mail: bcoleman@nvhealthcenters.org

Date Submitted: 4-20-2017

- Please attach a financial income and expense statement that specifically explains how grant funds were used up to this date, including a comparison between your budgeted and your actual incomes and expenses.**

Our grant billings reflected the breakdown of expenses by category as indicated below:

	Budgeted	Spent	Remaining
Salaries Including Benefits	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Fuel for RMCM	\$130.00	\$105.15	\$24.85
Rental Cars/Meals	\$870.00	\$870.00	\$0
Lodging	\$1,330.00	\$1,318.68	\$11.32
Miscellaneous			
Dental Services – 25 Kids (30 actually served)	\$7,670.00	\$7,670.00	\$0
Totals for Grant Period	\$10,000.00	\$9,963.83	\$36.17*

*Balance will be spent on the June 2017 trip to Carson City to provide follow up care to those served.

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

NVHC brought its Ronald McDonald Care Mobile from our Elko hub and provided dental care services in the Carson City area in the month of August and served low to moderate income children in need of care. Our goal based on the \$10,000 grant award received was to provide preventative and restorative dental care to approximately 25 needy children who lacked access to basic dental services.

For the grant period in total, we provided dental care to 30 children. We are proud to report that we exceeded the goal by 5 patients.

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?

A total of 30 Carson City children were served as a result of this project, with 100% of these children being Carson City residents.

All of the children served will benefit from restored oral health issues. The majority of the children served required multiple visits to complete their dental treatment. Some of the children served required very extensive care with their care plan completed during other visits or at other northern Nevada sites. NVHC worked with the children and their family to restore their child's oral health and provided the parents and the child with oral health and nutrition education to keep their teeth healthy. Individually, these children will benefit from restored oral health and have better general health due to receiving care.

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

NVHC partnered with local community service providers for referrals of children who were in need of care in addition to serving NVHC's identified patients. This was an effective strategy in identifying other children in the community who lacked access to care. In many cases, these children had a high level of care need that was not being met, causing these children to miss school and get behind frequently due to pain from tooth decay. This project restored these children's teeth so they can be pain free, attend school, and benefit from improved ability to learn.

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

Yes, this project was very successful in reaching children in need of dental care. NVHC plans to continue this project and make as many trips to Carson City as funding permits. NVHC is also building greater collaborations with our partners to support regular visits to Carson City each year so children in need can access care. We believe that some of these partners will come forward with additional funds in the future to help support this project. Additionally, NVHC just received a grant from the Silver State Health Exchange to

provide assistance for patients to enroll in health exchange products and Medicaid. This effort will provide 3.0 FTE staff to assist patients with getting enrolled in northern Nevada. Many of the children we served should be eligible for these products, and we will be referring these families for enrollment assistance. Insurance and Medicaid reimbursement for care can serve as a source to help us pay for the provision of dental care to eligible children and can be a resource to help us sustain this project.

6. Describe any challenges that impacted your program.

There were some challenges with marketing the program since last year was our first visit to Carson City. However, this year we plan to better increase our community awareness and marketing efforts in advance to coordinate our visits with the school district calendar and local community partners. We believe this will encourage more families to schedule dental care on The Ronald McDonald Care Mobile.

**Community Support Services Grant (CSSG)
Program Application
Fiscal Year 2017**

GENERAL INFORMATION

YOU MUST SEND A LETTER A OF INTENT TO APPLY AND RECEIVE APPROVAL BEFORE SUBMITTING APPLICATION. APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>.

APPLICATIONS ARE DUE*: April 21, 2017, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL
PLUS 2 COPIES TO:

Carson City Dept. of Finance
201 N. Carson St., Ste. 3
Carson City, NV 89701

*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. A PROGRESS REPORT MUST BE SUBMITTED WITH RENEWALS.

☐ NEW APPLICATION

☒ RENEWAL

APPLICANT INFORMATION

Agency Name: Ormsby Association of Carson City	
Agency Mailing Address: P.O Box 491 Carson City, NV 89702	
Project Name: Handicapped Towards Independence 2	
Project Address/Location: 930 East Corbett Carson City NV 89706	
Contact Person: Mary Winkler	
Phone Number: (775) 882-8520	Email: mary@ormsbyarc.org
Fax: (775) 882-7202	Website (if applicable):

PROJECT FUNDING

Requested amount	\$ 12,000.00
Other funding	\$ 14050.00
Total project cost	\$ 26080.00

PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

This is to continue the project to assist adults with intellectual delays to maintain employment, develop employment skills and in general to reach their full potential and live and work in Carson City as contributing citizens. We work with 45 to 55 individuals in the Carson City area.

PROJECT ELIGIBILITY

Which City critical need does this project address?:

<input type="checkbox"/> Mental Health/Substance or Domestic Abuse Services	<input type="checkbox"/> Health/Dental Services
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input checked="" type="checkbox"/> Disabled Services	<input type="checkbox"/> Education Services

I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. **(Max. Score: 10 points)**

The project is to assist adults with intellectual delays to avoid becoming dependent on the community while living as an integral part of the community. The project is essential to their success in obtaining the level of independence possible to reach their potential and to stay within the law. This is a continuing program which is individualized for each person according to their abilities and needs. It is a continuing program, as many are on the State waiting list until the State can fund placement. State placement is budget dependent.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space.

(Max. Score 25 pts)

Same as the prior year, the project will train and provide minimal employment for some. It will help keep people in competitive employment with job coaching and follow-along service. It will also assist people in living skills. All this will contribute to people becoming an asset to the community rather than a problem or a burden. It will help keep them out of legal problems, such as drugs. As estimated fifty individuals with intellectual disabilities will be assisted. This could be higher if placement by the State opens up. The base for the project training will be at OACC'S facility at 930 East Corbett Street with the project extending all around Carson City at apartments, homes, businesses, social groups, Western Nevada College and private companies. The funding will help in Occupancy costs for the location of training classes, some employment, and building maintenance. These are the totally unfunded portions of this project.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

AGING AND DISABILITY SERVICES – contract to fulfill licensing and training and hiring requirements.

RURAL REGIONAL SERVICES – Oversight and coordinate program to identify and monitor special needs and programs for each person. Participate in training and monthly Providers' meetings.

MEDICARE – assist in maintaining benefits and money management.

MEDICAID – maintain and monitor medical coverage.

OTHER PROVIDERS – cooperate in coordinating programs for mutual individuals.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

Our project is a continuing one, as is the need for funding. OACC is more self-sustaining than in the past and continues to explore additional methods to obtain funds or deliver services. As people become more independent, new people are added. OACC will continue to operate a thrift store, hold fund-raising events, solicit additional contract work with private industry, and pursue donated time and supplies. As always, we will continue to work with agencies to obtain an increase in State funding.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Although we would not wish for decreased funding, we would not turn it down. Even with decreased funding from various sources in the past, we have been able to continue Programs. We solicit more assistance from individuals in the community and try new ways to increase revenue. We review essential services and solicit additional work from private industry.

II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

About 98%. We have one individual who lived in Carson City but has now moved to Dayton.

2. How do you plan to track clients served? (Max Score: 5 points)

Individuals are tracked by a team consisting of State Service Coordinator, Case Manager from Ormsby ACC, the person, and a guardian if the person has one. The team sets goals for the person and reviews these goals on a quarterly basis. Goals and amount of assistance needed are reviewed and modified if necessary.

3. What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

Outcome is for individuals with disabilities becoming more independent, more able to be participating member of the community and needing less assistance. This is measured by tracking each person's program, noting their successes and the amount of assistance needed. Also by working with people and helping them to succeed, one goal is that none of them will become victims of drug abuse and other legal problems.

II - PROJECT MEASUREMENT

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Utilities, Maintenance, and Transportation	Intellectually Delayed	40
2	Utilities, Maintenance, Medical and Transportation	Intellectually Delayed	45
3	Utilities, Maintenance, Medical and Transportation	Intellectually Delayed	48
4	Utilities, Maintenance, Medical and Transportation	Intellectually Delayed	48

5. If this is a renewal, describe your successes and challenges while implementing your project. What will you do to make improvements?

Successes are measured by amount of assistance necessary, not particularly as an end to service outcome. Most of our clients will always need at least minimal intervention. Even the most independent will generally continue to need assistance with handling finances, medical issues, and counseling to stay out of trouble. Success occurs in our programs in the amount of skills our clients are able to handle successfully on their own.

Currently, six are receiving only two hours or less of assistance each month, primarily with handling finances. Four are successfully employed up to 40 hours a week. Three are receiving only medical assistance and assistance with obtaining transportation to work or to doctors in areas and/or times not covered by JAC.

Improvements to each individual are made on a continual basis and changed to a different approach if needed. Changes or differences in teaching or approaches to providing assistance is done on an on-going basis. In addition, the Association has meetings to evaluate methods used and improvements needed.

Again, a challenge is the State being able to add additional services to current clients when necessary and to add clients to those on waiting lists.

III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
Project Expenses FY 2016-17				
Transportation	500.	5500.		6000.
Heat	-0-	1200.		1200.
Power	1500.	1150.		2650.
Maintenance (Bldg & Equip)	4400.	2200.		6600.
Follow-along, Medical Needs	200.	1600.		1800.
Sanitation	4400.	600.		5000.
Water	1000.	1800.		2800.
OACC'S Total Budget is supplemented by in-kind matching of an Accountant and an Executive Director				
TOTALS	12000.	14050.		26050.

AGENCY ASSETS	
Unrestricted cash	34,429.68
Restricted cash*	
Total cash on hand	34,429.68

*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe. NA

BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
UTILITIES	11,650.	Set by using actual expenses occurring in the last quarter of 2017, using only those that pertain to this project.
TRANSPORTATION	6,000.	For the transportation costs that are not funded by the State, primarily to work or to the unfunded medical appointments that occur.
FOLLOW-ALONG, MEDICAL	1,800.	Conditions arise that exceed the amount paid by existing programs or by insurance. If we ignore these, the person might not receive adequate medical service.
BUILDING/EQUIPMENT MNT	6,600.	Cost of building and equipment monthly costs and necessary building repairs. The increase is due to weather damage.

PROJECT ADMINISTRATION**AGENCY DIRECTOR**

Name:	Mary Winkler
Title:	Executive Director
Address	930 East Corbett Street
Phone number:	(775) 882-8520
Email:	mary@ormsbyarc.org

PROJECT MANAGER

Name:	Mary Winkler	
Title:	Executive Director	
Address	930 East Corbett Street	
Phone number:	(775) 882-8520	
Email:	mary@ormsbyarc.org	

FISCAL MANAGER

Name:	Paul Ferrin	
Title:	President, Board of Directors and Accountant	
Address	930 East Corbett Street	
Phone number:	(775) 882-8520	
Email:	mary@ormsbyarc.org	

PERFORMANCE TRACKING CONTACT

Name:	Mary Winkler	
Title:	Executive Director	
Address	930 East Corbett Street	
Phone number:	(775) 882-8520	
Email:	mary@ormsbyarc.org	

AGENCY INFORMATION

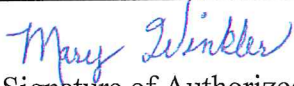
Date of incorporation	9/24/1969
Date of IRS certification	3/29/1971
Tax exempt number	88-0116559
DUNS#: (http://www.dnb.com/get-a-duns-number.html)	082110024


Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)	
2	Proof of incorporation from Secretary of State (Certificate Only) Go to https://www.nvsilverflume.gov/certificate You will need to register in order to get the certificate. Cost is \$50. OR Submit proof that your entity is active and in good standing. Go to http://nvsos.gov/sosentitysearch/ and print your business entity information	
3	Current Organization Chart with names of staff members	
4	Current Board of Directors and terms of office. [If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CSSG funds.]	
5	501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)	
6	Profit and Loss Statements and Balance Sheets for prior <u>3</u> years	
7	Funding commitment letters and/or letters of support (if applicable)	

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

 Signature of Authorized Official	 Date 4/19/17
Typed Name and Title of Authorized Official Mary Winkler, Executive Director	(775) 882-8520 Phone Number

 Signature of President of Board of Directors	 Date 4/19/17
Paul Ferrin Typed Name of President of Board of Directors	(775) 882-8520 Phone Number

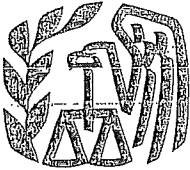
Tax - Federal

Department of the Treasury

Internal Revenue Service
Washington, DC 20224

Date: MAR 29 1971

In reply refer to:
T:MS:EO:R:1



► Ormsby Association For Retarded
Children, Inc.
801 Old Clear Creek Road
Carson City, Nevada 89701

Gentlemen:

We have considered your application for recognition of exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954.

Based on the information supplied, and assuming your operations will be as stated in your exemption application, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Any change in your purposes, character, or method of operation must be reported to the District Director, San Francisco, which is your key district for exempt organization matters, so he may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Pending issuance of regulations under section 509 of the Code, we are unable to make a determination as to whether you are a private foundation as defined in that section. Upon issuance of the regulations we will evaluate your application and make a determination as to whether you are a private foundation.

You are required to file the annual return, Form 990, on or before the 15th day of the 5th month after the end of your annual accounting period. Failure to file the Form 990 by this date may subject you to a penalty of \$10 for each day during which such failure continues, up to a maximum of \$5,000.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities is unrelated trade or business as defined in section 513 of the Code.

- 2 -

Ormsby Association For Retarded
Children, Inc.

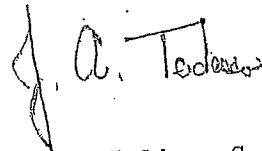
You are liable for social security (FICA) taxes only if you have filed waiver of exemption certificates as provided in the Federal Insurance Contributions Act. You are not liable for Federal unemployment taxes.

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

We are informing your key District Director of this ruling. If you have any questions, please contact him.

Thank you for your cooperation.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "J. A. T. Edwards". The signature is written in a cursive, somewhat stylized font.

Chief, Rulings Section
Exempt Organizations Branch



My Dashboard

[Start a Business \(/startBusiness\)](#)
[Manage a Business \(/home/manage\)](#)
[Other Business Services \(/home/other\)](#)

My Businesses

[See More...](#)

Nevada Business ID	Name	Type	Status
NV19691002561 (/dashboard/business/494668)	ORMSBY ASSOCIATION OF CARSON CITY (/dashboard/business/494668)	Domestic Non-Profit Corporation (/dashboard/business/494668)	Active (/dashboard/business/494668)

My Transaction History

[See More...](#)

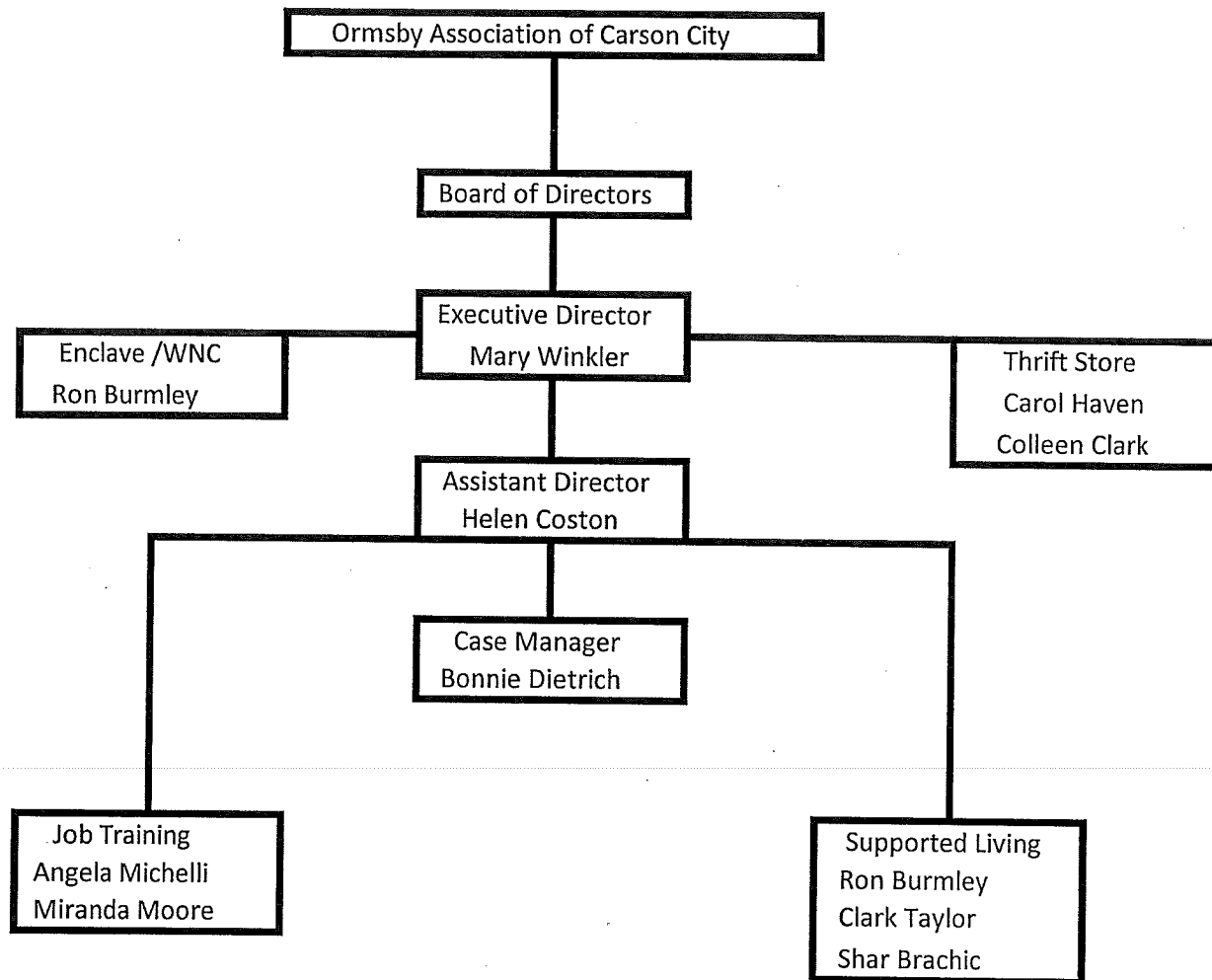
Date	Confirmation Number	Total Paid Amount
------	---------------------	-------------------

You can also search for transactions by date: [Transaction Search \(/dashboard/transactionReportDatePick\)](#)

Purchased Items

[See All...](#)

None found



2017 OACC BOARD OF DIRECTORS LIST

NAME & ADDRESS	TITLE	COMPANY	PHONE & FAX	TERM ENDS
Paul Ferrin 1778 Camille Street Carson City NV 89706	President	Retired paul-ferrin@sbcglobal.net	(H) 883-1672 (C) 775-720-0714	December 2017
Vi Bibe 1101 Beverly Drive #302 Carson City NV 89706	Vice President	Retired	(H) 883-5723 (W) 882-8520	December 2017
Tanya Stortz 61 Conдор Circle Carson City NV 89701	Board of Directors	Client	(H) 882-5696 (C) 762-3271	December 2017
Chris Buchanan 1353 Guinness Way Gardnerville NV 89410	Vice President	Risk Management cbphoto@hotmail.com	(C) 315-0398 (H) 783-7581	December 2018
Sharon Field	Secretary/Treasurer	N/A	(Home) 887-0435 (Cell) 721-6271	December 2018
OARC Office		info@ornsbysarc.org Emergency 232-5548	882-8520 (F) 882-7202	

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable:

☐ Address change☐ Name change☐ Initial return☐ Final return/
terminated☐ Amended return☐ Application pending

C Name of organization

THE ORMSBY ARC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 491

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CARSON CITY

NV 89702

D Employer identification number

88-0106559

E Telephone number

775-882-8520

G Gross receipts \$

197,157

F Name and address of principal officer:

PAUL FERRIN

PO BOX 491

CARSON CITY

NV 89702

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status:

☒

501(c)(3)

☐

501(c)

()

(insert no.)

☐

4947(a)(1) or

☐

527

J Website: ▶ N/A

H(c) Group exemption number ▶

K Form of organization:

☒

Corporation

☐

Trust

☐

Association

☐

Other ▶

L Year of formation:

M State of legal domicile: NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	TRAINING PEOPLE WITH DISABILITIES		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	0
Revenue	7a 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
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	177,581	303
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,039	196,854
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	328,620	197,157
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	256,304	123,809
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	74,289	55,778
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	330,593	179,587
	19 Revenue less expenses. Subtract line 18 from line 12	-1,973	17,570
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	98,978	122,517
	22 Net assets or fund balances. Subtract line 21 from line 20	130,833	136,802
		-31,855	-14,285

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

PAUL FERRIN

Type or print name and title

PRESIDENT

Date

Paid

Preparer
Use Only

Print/Type preparer's name

MICHAEL L. WILLIAMS

Preparer's signature

MICHAEL L. WILLIAMS

Date

01/30/17

Check ☐ if PTIN

self-employed

P00566278

Firm's name ▶ Strong McPherson & Company

Firm's EIN ▶ 88-0158829

Firm's address ▶ 901 E Second St
Carson City, NV 89701-4720

Phone no. 775-882-4460

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

TRAINING PEOPLE WITH DISABILITIES2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **166,116** including grants of \$) (Revenue \$)**ASSIST HANDICAP AND DISABLED INDIVIDUALS IN OCCUPATIONAL
AND LIVING SITUATIONS. OVER 200 PEOPLE SERVED EACH YEAR**

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **166,116**

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04/19/17

Accrual Basis

Ormsby Association of Carson City
Balance Sheet
 As of March 31, 2017

	Mar 31, 17
ASSETS	
Current Assets	
Checking/Savings	
10399 · Cash Checking	
10401 · U.S. Bank New	34,429.68
Total 10399 · Cash Checking	34,429.68
10400 · us bank	-575.01
Total Checking/Savings	33,854.67
Accounts Receivable	
113500 · Accounts Receivable	56,308.81
Total Accounts Receivable	56,308.81
Other Current Assets	
1000 · Cash	
1000 3 · Thrift Store Register	135.00
10004 · Cash Old	-5,741.84
10005 · Cash New	8,000.00
Total 1000 · Cash	2,393.16
Total Other Current Assets	2,393.16
Total Current Assets	92,556.64
TOTAL ASSETS	92,556.64
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
212500 · FIT WH Payable	652.35
213000 · FICA EE	
213001 · MEDICARE EMPLOYEE	128.56
213000 · FICA EE - Other	699.75
Total 213000 · FICA EE	828.31
213500 · FICA ER	
213501 · MEDICARE EMPLOYER	-1,656.94
213500 · FICA ER - Other	1,024.37
Total 213500 · FICA ER	-632.57
215001 · Reserve Line Advance	-3,963.47
215500 · Due To Trust	-15,623.04
21700 · Accrued Health Insurance	-325.86
217300 · Accrued Health After	565.66
217500 · Accrued AFLAC	-2,092.69
230000 · Accrued Carson City	-7,000.00
Total Other Current Liabilities	-27,591.31
Total Current Liabilities	-27,591.31
Long Term Liabilities	
215005 · Note from Someone	-8,300.00
Total Long Term Liabilities	-8,300.00
Total Liabilities	-35,891.31

Ormsby Association of Carson City
Balance Sheet
As of March 31, 2017

Basis

	Mar 31, 17
Equity	
285499 · Beginning Balance Equity	4,142.77
30000 · Opening Balance Equity	54,365.41
32000 · Unrestricted Net Assets	37,379.94
Net Income	32,559.83
Total Equity	128,447.95
TOTAL LIABILITIES & EQUITY	92,556.64

Ormsby Association of Carson City
Profit & Loss
 July 2016 through March 2017

asis

	Jul '16 - Mar 17
Ordinary Income/Expense	
Income	
31000 · Income	
313004 · Insurance Income	11,272.47
314001 · Kingsbury Crossing	387.72
315001 · Donations	160.00
317107 · Transportation Receipts	2,435.00
317402 · FUND RAISING SNOW CONE SALES	535.00
318001 · Carson City Grant	6,600.00
331002 · JDT OI	16,427.79
331003 · JDT TS	56,360.19
331004 · JDT Enclave	37,922.12
332405 · SLA Contracts	51,414.68
332406 · SLA One Time Income	1,984.00
332804 · Enclave Income	15,951.00
344502 · OI Contracts	13,975.22
345003 · Thrift Store Sales	20,842.67
Total 31000 · Income	236,267.86
310001 · Membership Income	150.00
Total Income	236,417.86
Cost of Goods Sold	
50000 · Cost of Goods Sold	
50003 · TS Soda	178.83
Total 50000 · Cost of Goods Sold	178.83
Total COGS	178.83
Gross Profit	236,239.03
Expense	
42000 · Salaries	
42001 · Salaries Admin	726.99
42002 · Salaries OI	15,158.02
42003 · Salaries TS	15,589.78
42004 · Salaries Enclaves	12,547.81
42005 · Salaries SLA	51,339.13
Total 42000 · Salaries	95,361.73
42100 · FICA	
42101 · FICA Admin	
421015 · MEDICARE EMPLOYER	1,724.20
42101 · FICA Admin - Other	8,028.93
Total 42101 · FICA Admin	9,753.13
42105 · FICA SLA	14.77
Total 42100 · FICA	9,767.90
42110 · Mileage	
421105 · Mileage SLA	1,469.13
Total 42110 · Mileage	1,469.13
42200 · SUTA Exp	
42201 · SUTA Admin	39.42
42202 · SUTA OI	137.34
42203 · SUTA TS	127.15
42204 · SUTA Enclave	204.87
42205 · SUTA SLA	128.44
Total 42200 · SUTA Exp	637.22

Ormsby Association of Carson City

Profit & Loss

July 2016 through March 2017

	Jul '16 - Mar 17
42310 · Workers Comp	
423101 · Workers Comp Admin	-196.31
423102 · Workers Comp OI	577.32
423103 · Workers Comp TS	1,097.11
423104 · Workers Comp Enclave	1,352.34
423105 · Workers Comp SLA	1,311.65
Total 42310 · Workers Comp	4,142.11
423700 · CPR	
423702 · CPR OI	50.00
423703 · CPR TS	50.00
423705 · CPR SLA	50.00
Total 423700 · CPR	150.00
42400 · Salaries Clients	
424002 · Salaries Client OI	6,511.53
424003 · Salaries Clients TS	8,033.34
424004 · Salaries Clients Enclaves	27,863.46
Total 42400 · Salaries Clients	42,408.33
425000 · Health Ins ER	
425001 · Health Insurance Admin	780.60
425002 · Health Ins ER OI	18.76
425003 · Health Ins. ER TS	173.35
425005 · Health Ins ER SLA	2,433.83
Total 425000 · Health Ins ER	3,406.54
43200 · Insurance General	
432001 · General Insurance Admin	1,099.25
432002 · General Insurance OI	1,099.26
432003 · General Insurance TS	1,099.26
432004 · General Insurance Enclaves	1,099.29
432005 · General Insurance SLA	1,099.30
Total 43200 · Insurance General	5,496.36
432500 · Vehicle Expenses	
432505 · Fuel / Oil SLA	2,128.47
Total 432500 · Vehicle Expenses	2,128.47
432600 · JAC	3,700.00
434000 · Heat	
434001 · Heat -Admin	189.79
434002 · Heat OI	199.89
434003 · Heat TS	199.88
434005 · Heat SLA	189.79
Total 434000 · Heat	779.35
435000 · Power	
435001 · Power Admin	568.71
435002 · Power OI	568.76
435003 · Power TS	568.77
435005 · Power SLA	568.78
Total 435000 · Power	2,275.02
436500 · Telephone	
436501 · Telephone Office	1,833.58
436502 · Telephone OI	473.16
436503 · Telephone TS	473.22
436505 · Telephone SLA	3,129.46
Total 436500 · Telephone	5,909.42

Ormsby Association of Carson City**Profit & Loss**

July 2016 through March 2017

	Jul '16 - Mar 17
437000 · Water	
437001 · Water Admin	293.45
437002 · Water OI	293.43
437003 · Water TS	293.43
437005 · Water SLA	293.40
Total 437000 · Water	1,173.71
437601 · Kingsbury Maintenance	1,066.00
438000 · Office Supplies	
438001 · Office Supplies Admin	573.28
438002 · Office Supplies OI	450.68
438003 · Office Supplies TS	2,020.18
438005 · Office Supplies SLA	621.23
Total 438000 · Office Supplies	3,665.37
438501 · Postage and Box Rental	246.25
438510 · Security	
438511 · Security Admin	116.52
438512 · Security OI	116.52
438513 · Security TS	116.53
438515 · Security SLA	116.54
Total 438510 · Security	466.11
438600 · Background Checks	
438601 · Background Checks Admin	36.25
438603 · Background Checks TS	26.00
438605 · Background Checks SLA	72.50
Total 438600 · Background Checks	134.75
439000 · Computer Supplies -Upgrades	
439001 · Computer Upgrades - Sup Admin	3,071.96
439005 · Computer Upgrades - Sup SLA	195.00
Total 439000 · Computer Supplies -Upgrades	3,266.96
439500 · Building Maintenance	
439502 · Building Maintenance OI	4,096.13
439503 · Building Maintenance TS	4,510.53
Total 439500 · Building Maintenance	8,606.66
44000 · Housekeeping Supplies	
44002 · Housekeeping Supplies OI	15.99
44003 · Housekeeping Supplies TS	115.68
Total 44000 · Housekeeping Supplies	131.67
44050 · Sanitation	
44052 · Sanitation OI	2,111.21
44053 · Sanitation TS	2,111.20
Total 44050 · Sanitation	4,222.41
457001 · Board Expenses	-175.00
458000 · Consultants	
458005 · Consultants SLA	1,870.00
Total 458000 · Consultants	1,870.00

Ormsby Association of Carson City

Profit & Loss

July 2016 through March 2017

asis

	Jul '16 - Mar 17
461603 • Debit CardCharges	393.23
462001 • Business Reserve Line Interest	20.00
66900 • Reconciliation Discrepancies	959.50
Total Expense	203,679.20
Net Ordinary Income	32,559.83
Net Income	32,559.83

Ormsby Association of Carson City
Balance Sheet
As of June 30, 2016

Basis

	Jun 30, 16
ASSETS	
Current Assets	
Checking/Savings	
10399 · Cash Checking	
10401 · U.S. Bank New	27,407.46
Total 10399 · Cash Checking	27,407.46
10400 · us bank	-202.28
Total Checking/Savings	27,205.18
Accounts Receivable	
113500 · Accounts Receivable	42,468.02
Total Accounts Receivable	42,468.02
Other Current Assets	
1000 · Cash	
1000 3 · Thrift Store Register	135.00
10004 · Cash Old	1,935.32
Total 1000 · Cash	2,070.32
Total Other Current Assets	2,070.32
Total Current Assets	71,743.52
TOTAL ASSETS	71,743.52
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
213000 · FICA EE	0.79
213500 · FICA ER	
213501 · MEDICARE EMPLOYER	-119.02
213500 · FICA ER - Other	-611.34
Total 213500 · FICA ER	-730.36
215001 · Reserve Line Advance	-3,963.47
215500 · Due To Trust	-8,705.88
21700 · Accrued Health Insurance	192.59
217300 · Accrued Health After	280.09
217500 · Accrued AFLAC	-1,318.36
230000 · Accrued Carson City	-7,000.00
Total Other Current Liabilities	-21,244.60
Total Current Liabilities	-21,244.60
Long Term Liabilities	
215005 · Note from Someone	-2,900.00
Total Long Term Liabilities	-2,900.00
Total Liabilities	-24,144.60
Equity	
285499 · Beginning Balance Equity	4,142.77
30000 · Opening Balance Equity	54,365.41
32000 · Unrestricted Net Assets	-202.28
Net Income	37,582.22
Total Equity	95,888.12
TOTAL LIABILITIES & EQUITY	71,743.52

Ormsby Association of Carson City
Profit & Loss
 July 2015 through June 2016

	Jul '15 - Jun 16
Ordinary Income/Expense	
Income	
31000 · Income	
313003 · Restitution Income	27.06
315001 · Donations	65.00
317107 · Transportation Receipts	3,528.00
317401 · Fund Raising - Sav Mart	103.05
318001 · Carson City Grant	7,000.00
331002 · JDT OI	13,074.52
331003 · JDT TS	50,945.77
331004 · JDT Enclave	36,844.50
332405 · SLA Contracts	68,785.82
332406 · SLA One Time Income	1,550.00
332804 · Enclave Income	6,552.00
344502 · OI Contracts	8,368.75
345003 · Thrift Store Sales	23,579.48
Total 31000 · Income	220,423.95
310001 · Membership Income	55.00
46400 · Other Types of Income	
46430 · Miscellaneous Revenue	79.83
Total 46400 · Other Types of Income	79.83
Total Income	220,558.78
Cost of Goods Sold	
50000 · Cost of Goods Sold	
50003 · TS Soda	176.75
Total 50000 · Cost of Goods Sold	176.75
Total COGS	176.75
Gross Profit	220,382.03
Expense	
42000 · Salaries	
42001 · Salaries Admin	2,588.95
42002 · Salaries OI	11,067.79
42003 · Salaries TS	13,908.11
42004 · Salaries Enclaves	8,374.76
42005 · Salaries SLA	41,136.82
Total 42000 · Salaries	77,076.43
42100 · FICA	
42101 · FICA Admin	
421015 · MEDICARE EMPLOYER	1,066.54
42101 · FICA Admin - Other	6,715.67
Total 42101 · FICA Admin	7,782.21
Total 42100 · FICA	7,782.21
42110 · Mileage	
421105 · Mileage SLA	1,112.87
Total 42110 · Mileage	1,112.87
421120 · SLA One Time	3,534.00

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04/19/17

Accrual Basis

Ormsby Association of Carson City

Profit & Loss

July 2015 through June 2016

	Jul '15 - Jun 16
42200 · SUTA Exp	
42201 · SUTA Admin	27.50
42202 · SUTA OI	52.88
42203 · SUTA TS	112.32
42204 · SUTA Enclave	48.86
42205 · SUTA SLA	241.53
Total 42200 · SUTA Exp	483.09
42310 · Workers Comp	
423101 · Workers Comp Admin	0.49
423102 · Workers Comp OI	358.23
423103 · Workers Comp TS	526.12
423104 · Workers Comp Enclave	803.07
423105 · Workers Comp SLA	900.37
Total 42310 · Workers Comp	2,588.28
423700 · CPR	
423701 · CPR ADMIN	25.00
423703 · CPR TS	75.00
423705 · CPR SLA	50.00
Total 423700 · CPR	150.00
42400 · Salaries Clients	
424002 · Salaries Client OI	5,043.49
424003 · Salaries Clients TS	7,000.44
424004 · Salaries Clients Enclaves	24,012.97
Total 42400 · Salaries Clients	36,056.90
425000 · Health Ins ER	
425001 · Health Insurance Admin	696.66
425002 · Health Ins ER OI	166.73
425003 · Health Ins. ER TS	76.98
425004 · Health Ins ER Enclave	27.62
425005 · Health Ins ER SLA	1,403.75
Total 425000 · Health Ins ER	2,371.74
43200 · Insurance General	
432001 · General Insurance Admin	989.94
432002 · General Insurance OI	990.00
432003 · General Insurance TS	990.00
432004 · General Insurance Enclaves	989.96
432005 · General Insurance SLA	990.03
Total 43200 · Insurance General	4,949.93
432500 · Vehicle Expenses	
432505 · Fuel / Oil SLA	695.53
433005 · Vehicle Repairs/Tires SLA	1,058.62
Total 432500 · Vehicle Expenses	1,754.15
432600 · JAC	4,200.00
434000 · Heat	
434001 · Heat -Admin	347.91
434002 · Heat OI	394.98
434003 · Heat TS	394.99
434005 · Heat SLA	289.56
Total 434000 · Heat	1,427.44

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04/19/17

Accrual Basis

Ormsby Association of Carson City

Profit & Loss

July 2015 through June 2016

	Jul '15 - Jun 16
435000 · Power	
435001 · Power Admin	406.16
435002 · Power OI	406.19
435003 · Power TS	406.22
435005 · Power SLA	326.13
Total 435000 · Power	1,544.70
436500 · Telephone	
436501 · Telephone Office	933.06
436502 · Telephone OI	663.39
436503 · Telephone TS	512.50
436505 · Telephone SLA	755.58
Total 436500 · Telephone	2,864.53
437000 · Water	
437001 · Water Admin	225.87
437002 · Water OI	225.90
437003 · Water TS	225.85
437005 · Water SLA	155.10
Total 437000 · Water	832.72
437601 · Kingsbury Maintenance	811.50
438000 · Office Supplies	
438001 · Office Supplies Admin	7,063.33
438002 · Office Supplies OI	396.95
438003 · Office Supplies TS	591.95
438005 · Office Supplies SLA	332.90
Total 438000 · Office Supplies	8,385.13
438501 · Postage and Box Rental	103.57
438510 · Security	
438511 · Security Admin	113.93
438512 · Security OI	112.92
438513 · Security TS	113.94
438515 · Security SLA	112.92
Total 438510 · Security	453.71
438600 · Background Checks	
438601 · Background Checks Admin	76.50
Total 438600 · Background Checks	76.50
439000 · Computer Supplies -Upgrades	
439001 · Computer Upgrades - Sup Admin	2,875.29
439005 · Computer Upgrades - Sup SLA	917.78
Total 439000 · Computer Supplies -Upgrades	3,793.07
439500 · Building Maintenance	
439501 · Building Maintenance Admin	1,903.00
439502 · Building Maintenance OI	1,903.00
439503 · Building Maintenance TS	2,109.55
439505 · Building Maintenance SLA	525.00
Total 439500 · Building Maintenance	6,440.55
44000 · Housekeeping Supplies	
44001 · Housekeeping Supplies Admin	17.33
44002 · Housekeeping Supplies OI	17.33
44003 · Housekeeping Supplies TS	17.34
Total 44000 · Housekeeping Supplies	52.00

Ormsby Association of Carson City

Profit & Loss

July 2015 through June 2016

Basis

	Jul '15 - Jun 16
44050 · Sanitation	
44052 · Sanitation OI	1,466.20
44053 · Sanitation TS	1,466.20
Total 44050 · Sanitation	2,932.40
457001 · Board Expenses	394.44
458000 · Consultants	
458005 · Consultants SLA	6,545.00
Total 458000 · Consultants	6,545.00
461601 · Bank Charges	36.00
461603 · Debit CardCharges	1,474.78
462001 · Business Reserve Line Interest	85.86
62100 · Professional Services	
62110 · Accounting Fees	200.00
Total 62100 · Professional Services	200.00
66900 · Reconciliation Discrepancies	2,286.31
Total Expense	182,799.81
Net Ordinary Income	37,582.22
Net Income	37,582.22

OACC - INCOME STATEMENT use

June 30, 2015

	Current Month		Year to Date	
Revenues				
TRANSP RECEIPTS	\$ 19,585.00	5.96	\$ 19,585.00	5.96
MEMBERSHIP DUES	130.00	0.04	130.00	0.04
RESTITUTION INCOME -TS	15.80	0.00	15.80	0.00
DONATIONS	4,353.23	1.32	4,353.23	1.32
FUND RAISING	64.77	0.02	64.77	0.02
CARSON CITY	9,279.00	2.82	9,279.00	2.82
REHAB CONTRACT	0.00	0.00	0.00	0.00
SLA - State Contracts	87,584.79	26.65	87,584.79	26.65
FEES-CTC	16,071.86	4.89	16,071.86	4.89
FEES-CTC	55,109.65	16.77	55,109.65	16.77
FEES-CTC	61,845.21	18.82	61,845.21	18.82
INTEREST	0.00	0.00	0.00	0.00
CONTRACTS	17,863.33	5.44	17,863.33	5.44
SALES	34,589.52	10.53	34,589.52	10.53
ENCLAVES	22,126.50	6.73	22,126.50	6.73
Total Revenues	<u>328,618.66</u>	<u>100.00</u>	<u>328,618.66</u>	<u>100.00</u>

Ormsby ACC
Balance Sheet
June 30, 2015

ASSETS

Current Assets

PETTY CASH	\$	126.30
THRIFT STORE REGISTER		235.00
PETTY CASH - SLA		221.00
CASH--GENERAL		54.55
Cash Account New OACC		3,026.41
Business Reserve Line		252.61
CASH-RESTRICTED		770.35
CASH REAL SCOOP		2,254.83
CASH - CAL FED		0.00
ACCOUNTS RECEIVABLE		33,604.03
AR/PRIDE		585.00
RESIDENTIALS RECEIVABLE		758.75
A/R SLA ONE TIME		(1,450.00)
DEPOSITS		1,884.25
DUE FROM GENERAL FUNDS		0.00
INVESTMENTS		3,199.23
DUE TO TRUST		(22,155.07)
DUE FROM REAL SCOOP		28,980.68
DUE FOR REIMBURSEMENT		253.57
PREPAID INSURANCE		5,479.32
PREPAID AUDIT		16,090.00
PREPAID ARC DUES		0.00
PREPAID INSURANCE		19,504.70

Total Current Assets 93,675.51

Property and Equipment

LAND	41,267.00
BUILDING	131,654.75
BUILDING IMPROVEMENTS	50,597.49
OFFICE EQUIPMENT	15,718.01
COMPUTER EQUIPMENT	47,354.97
TRAINING EQUIPMENT	1,870.44
TRANSPORTATION EQUIPMENT	69,444.11
HOUSEHOLD EQUIPMENT	1,739.96
BAKERY EQUIPMENT	6,038.93
HEADS UP EQUIPMENT	3,221.90
ACCUMULATED DEPRECIATION	(191,349.04)

Total Property and Equipment 177,558.52

Total Assets \$ 271,234.03

OACC - INCOME STATEMENT use
June 30, 2015

Current Month Year to Date

Expenses

SALARIES	168,049.07	51.14	168,049.07	51.14
FICA EMPLOYER	17,701.05	5.39	17,701.05	5.39
MILEAGE	3,204.96	0.98	3,204.96	0.98
WORKERS COMP	4,738.45	1.44	4,738.45	1.44
SUTA	1,343.27	0.41	1,343.27	0.41
SALARIES CLIENT	64,941.15	19.76	64,941.15	19.76
RETIREMENT PLAN	0.00	0.00	0.00	0.00
HEALTH INS ER	4,272.54	1.30	4,272.54	1.30
LIFE INSURANCE	0.00	0.00	0.00	0.00
INSURANCE - GEN	9,143.00	2.78	9,143.00	2.78
VEHICLE INSURANCE	0.00	0.00	0.00	0.00
FUEL/OIL	265.00	0.08	265.00	0.08
JAC	7,350.00	2.24	7,350.00	2.24
VEHICLE REPAIRS/TIRES	222.81	0.07	222.81	0.07
HEAT	1,925.82	0.59	1,925.82	0.59
POWER	2,328.80	0.71	2,328.80	0.71
TELEPHONE	4,704.84	1.43	4,704.84	1.43
WATER	1,244.48	0.38	1,244.48	0.38
RENT/LEASE	10,545.00	3.21	10,545.00	3.21
HOUSEKEEPING SUPPLIES	572.08	0.17	572.08	0.17
Kingsbury Crossing Maint.	0.00	0.00	0.00	0.00
OFFICE SUPPLIES	7,452.47	2.27	7,452.47	2.27
POSTAGE	0.00	0.00	0.00	0.00
BACKGROUND CHKS	235.75	0.07	235.75	0.07
COMPUTER UPGRAD SUPPLIES	0.00	0.00	0.00	0.00
BUILDING MAINTENANCE-OI	26.00	0.01	26.00	0.01
BUILDING MAINTENANCE-TS	26.00	0.01	26.00	0.01
SANITATION	4,910.24	1.49	4,910.24	1.49
DRUG TESTING	0.00	0.00	0.00	0.00
BOARD	159.01	0.05	159.01	0.05
SLA CONSULTANT	11,220.00	3.41	11,220.00	3.41
PROFESSIONAL FEES	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE	1,483.00	0.45	1,483.00	0.45
TRAVEL/TRAINING	100.00	0.03	100.00	0.03
TRAVEL/TRAINING	25.00	0.01	25.00	0.01
TRAVEL/TRAINING	25.00	0.01	25.00	0.01
TRAVEL/TRAINING	25.00	0.01	25.00	0.01
DEBIT CARD CHARGES	379.11	0.12	379.11	0.12
Debit Service Charge TS	919.49	0.28	919.49	0.28
BANK SERVICE CHARGE	548.68	0.17	548.68	0.17
Total Expenses	330,087.07	100.45	330,087.07	100.45
Net Income	\$ (1,468.41)	(0.45)	\$ (1,468.41)	(0.45)



Carson City, a Consolidated Municipality

Community Support Services Grant (CSSG) Progress Report

This report must be filled out by prior year CSSG grantees who are submitting a new application

Name of Organization: United Latino Community

Program/Project: Client Advocate

Amount of Funds Received \$20,000

Grant Period: FY 2016-2017

Contact Person: Omar Anaya

Mailing Address: 1711 North Roop St

City: Carson City State: Nevada Zip Code: 89706

Phone Number: 775-885-1055 E-mail: omar@carsonulc.org

Date Submitted: 04/21/2017

1. Please attach a financial income and expense statement that specifically explains how grant funds were used up to this date, including a comparison between your budgeted and your actual incomes and expenses.
See attachment.

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

For the 2016 - 2017 grant period United Latino Community (ULC) agreed to serve approximately 2000 clients in the Client Advocate Program. This goal has been as of March 2017 totally 2306 client seen.

- Immigration Workshops- Two (4) hosted at ULC and one (1) hosted at Empire Saint Teresa of Avila Catholic Church.
- Health Workshops- Two (4) hosted at ULC- There were 60 community members in attendance.
- Mexican Consulate Meeting- Two (2) Mexican Consulate hosted at ULC. There were 340 community members served between the two events.

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?

As of March 2017, two thousand three hundred and six (2306) clients have been served and received a benefit from Client Advocate Program through United Latino Community. Approximately 95% of clients seen were Carson City residents.

Fourteen Carson City residents became United State Citizens.

Sixty five (65) young Carson City residents' benefits from obtaining their immigration work permits. (DACA.)

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

Through the Client Advocate Program Non-English, speaking Carson City residents were able to receive much needed medical/mental health services, access to classes where they could learn English, assistance in adjusting their immigration status, and assistance in becoming United States Citizens. Free immigration workshop to the residents of Carson City.

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

ULC expects the Client Advocate Program to be a reoccurring position. We offer many other services that are either self-funded or grant funded. The Client Advocate is the only position that is funded solely through the city. ULC does not charge a fee to assess recipients to determine the best way to remediate their needs. ULC clients are low-income individuals and families. Many times clients arrive at our office when they are in urgent need of immediate assistance with services for medical, mental health, educational, or legal issues. It would be an extreme hardship for them if they were required to pay for the services offered by ULC. If this position is not funded, ULC will explore other grant options.

6. Describe any challenges that impacted your program.

ULCs biggest challenge is staff and the limited budget we face. ULC is aware that the non-English speaking community is vastly growing and due to monetary constraints we cannot serve all of their needs.

United Latino Community
CARSON CITY GRANT
 July through March 2017

Type	Date	Number	Name	Class	Debit
Paycheck	7/15/2016	1675	Edgar O. Anaya-Garcia	Programs: Carson City	\$ 442.60
Paycheck	7/15/2016	1677	Rosario E Espinoza	Programs: Carson City	\$ 188.10
Paycheck	7/29/2016	1978	Edgar O. Anaya-Garcia	Programs: Carson City	\$ 442.60
Paycheck	7/29/2016	1680	Rosario E Espinoza	Programs: Carson City	\$ 188.11
Paycheck	8/12/2016	1686	Edgar O. Anaya-Garcia	Programs: Carson City	\$ 442.60
Paycheck	8/12/2016	1688	Rosario E Espinoza	Programs: Carson City	\$ 188.10
Paycheck	8/26/2016	1694	Edgar O. Anaya-Garcia	Programs: Carson City	\$ 442.60
Paycheck	8/26/2016	1696	Rosario E Espinoza	Programs: Carson City	\$ 188.10
Paycheck	9/9/2016	1612	Rosario E Espinoza	Programs: Carson City	\$ 188.54
Paycheck	9/9/2016	1699	Hilda R Meza	Programs: Carson City	\$ 532.37
Paycheck	9/23/2016	1706	Hilda R Meza	Programs: Carson City	\$ 188.55
Paycheck	9/23/2016	1708	Rosario E Espinoza	Programs: Carson City	\$ 665.46
Paycheck	10/7/2016	1715	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	10/21/2016	1721	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	11/4/2016	1731	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	11/18/2016	1737	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	12/2/2016	1746	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	12/16/2016	1752	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	12/30/2016	1758	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	1/13/2017	1764	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	1/27/2016	1768	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	2/10/2017	1776	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	2/24/2017	1780	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	3/10/2017	1791	Hilda R Meza	Programs: Carson City	\$ 625.92
Paycheck	3/24/2017	1795	Hilda R Meza	Programs: Carson City	\$ 625.92
Total				\$	12,234.69