



9. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

|                           |             |
|---------------------------|-------------|
| Date of incorporation     | 04/29/83    |
| Date of IRS certification | 01/17/84    |
| Tax exempt number         | RCE-004-410 |

10. DUNS Number: 07155580

For information on DUNS, go to: <http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf>

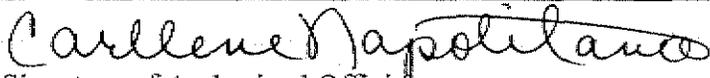
11. Attach the following to each copy of the Proposal for Funding

*(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right:  Previous recipient / Information on file*

- a. IRS Tax Exempt "501(c)(3)" letter.
- b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- d. List of 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 CDBG funds (See 24 CFR 570.611).
- e. *For all 501(c)(3) non-profit organizations:* a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

12. Required Certification (see instructions):

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.

|  |              |
|--|--------------|
|  | 1-31-07      |
| Signature of Authorized Official   | Date         |
| Carlene Napolitano, Executive Director   | 775-885-1700 |
| Typed Name and Title of Authorized Official  | Phone Number |

|   |              |
|---|--------------|
|  | 1-31-07      |
| Signature of President of Board of Directors  | Date         |
| Roger Churchill   | 775-885-1700 |
| Typed Name of President of Board of Directors                                       | Phone Number |

**Carson City  
City Manager's Office  
Community Development Block Grant Program (CDBG) Application**

**I. PROJECT DESCRIPTION AND NEEDS ANALYSIS**

HUD has outlined three objectives for the CDBG Program with expected outcomes. When developing your proposal, please adhere to the CDBG Objectives and Outcomes.

**Objectives  
Outcomes**

- |  |                               |
|--|-------------------------------|
| 1. Create suitable living environments | 1. Availability/accessibility |
| 2. Provide decent affordable housing   | 2. Affordability              |
| 3. Create economic opportunities       | 3. Sustainability             |

**A. What is the problem the proposed project is designed to solve?**

The Community Pregnancy Center (i.e. CPC) offers immediate prenatal education and option counseling to women experiencing an unplanned pregnancy. Women visit the CPC because they have no insurance, doctor or money. OB/GYN and Medicaid appointments could take from 45 to 60 days to obtain. The Community Pregnancy Center helps a client immediately. The CPC nurse will help high risk clients who are dealing with addictions, uncertainty or other problems that only a medical professional should address. The CPC is transitioning to medical by purchasing an ultrasound, obtaining malpractice insurance, and hiring a nurse to address medical issues.

**B. Which CDBG objective (listed above) will you be meeting?**

1. Create suitable living environments

**C. How is the problem being dealt with at the present time?**

Peer counselors present options and education through videos and brochures. The CPC encourages clients to seek early prenatal care with an OB/GYN. The CPC's Medical Director offers very limited ultrasound services in his office.

**D. What is the project or activity you want to undertake to solve the problem?**

The CPC is planning to hire a nurse (hopefully bilingual) to conduct ultrasounds, provide pregnancy confirmations and prenatal advice to clients in need of these services.

E. How will the proposed project solve the problem?

With this medical transition, the CPC nurse would be able to address immediate medical concerns and risks for a woman facing the crisis of an unplanned pregnancy. The nurse can conduct ultrasounds for high risk clients for viability and accurate dating of pregnancy.

F. How will you know if you have successfully solved the problem?

Over 3000 pregnancy centers in the United States provide free pregnancy services to women who have no insurance, money or doctor so that they can receive important prenatal education immediately. Many of these centers have limited medical personnel providing their services. These centers, converting to medical, have increased and enhanced their care tremendously. Clients are referred to physicians for prenatal care.

G. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

The CPC already keeps accurate records on all of their clients; therefore the CPC would only have to add medical information to client charts, tracking visits with the nurse for ultrasounds and/or prenatal education in our client statistics.

H. How will the CDBG funds be used on this project?

The CPC would like to use CDBG funds for one year of the nurse's salary, as well as for fees and expenses for medical services offered.

I. What will you do to solve the problem if the proposed project is not funded by CDBG?

The CPC would apply for other grants and ask private donors for continuous funding for this project.

J. Where will the project be located and what is the geographic target area that will be served by this project?

Target Area (specify geographic area) \_\_\_\_\_

OR  Community-wide

*For Capital (Public) Improvement Projects only NA*

K. Is the proposed project part of a larger project or is it a stand-alone project?

1. If part of a larger project, please describe the entire project.

2. Can this project be done in different phases? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If YES, explain.

3. Have CDBG funds been used for an earlier phase? \_\_\_\_\_ Yes \_\_\_\_\_ No

L. Ownership Information

1. Who currently holds title to the property involved?

2. In whom will title be vested upon completion?

3. Do any rights-of-way, easements or other access rights need to be acquired?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. If the project requires water rights or well permits, have they been acquired?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## II. PROJECT MEASUREMENT

The Carson City CDBG Program, in compliance with Department of Housing & Urban Development (HUD) directives, is implementing Performance Measures into the application and grant/project administration process. When completing this section, keep in mind that *outputs* are the products or activities of program implementation (such as numbers of clients served) and *outcomes* are the benefits or changes that result from the program (how well the service met the user needs).

1. Please identify the quantifiable, projected **outputs** of this program/project.

Many of the CPC clients are low income and deal with addictions such as drinking, smoking, drugs and life issues. Some clients have prescribed medication and when they find out that they are pregnant an OB/GYN appointment may not be available for early prenatal advice. A nurse for medical and ultrasound services will help with prenatal care immediately.

2. Please quantify the **total** number of persons intended to benefit from program/project output.

The CPC hopes to provide services to 500 clients in 2007 of which approximately 300 high risks clients will need immediate ultrasounds or prenatal education and counseling from the nurse.

3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?

Almost 100% of all CPC clients are low income and come to the center because they have no insurance, no doctor or money. Those who can obtain any of the above have no need of these services.

4. Please identify the quantifiable, projected **outcome** of this program/project. (How will the outputs benefit the total number of persons in Question 2, above?)

Women who receive early prenatal education and medical advice make better choices for their pregnancy and delivery. Care Net, a pregnancy center training organization, reports that 85% of pregnancy center clients will follow through with pregnancy, health, and doctor care due to early detection and counseling.

5. Please list the name, address, phone number and e-mail of the person responsible to track the performance measurement on this program/project.

Gail Rhodes  
775-885-1700  
cpc@rupg.cc

### III. GOALS AND OBJECTIVES

A. Mark all of the following Carson City goals that apply to this project:

1. Project has been identified as part of the local planning process.  
 2. Project addresses a problem that poses a health or safety concern in the community.

B. If your project is designed to serve a limited clientele, please indicate the population you will be serving with your project:

- Abused Children       Illiterate Persons       Homeless Persons  
 Battered Spouses       Elderly       Severely Disabled Adults  
 Migrant Farm Workers       Other (Please explain) Women facing an unplanned pregnancy.

C. If your project will not be serving one of the above categories, explain (a) how you will document client income and (b) how you will document that at least 51% of your clientele will be low-to-moderate income:

The Community Pregnancy Center will add the "question of income" to the "Request for Services" which all clients complete before they are seen.

D. How many unduplicated persons/households will benefit from this project?

99% of CPC clients seeking ultrasound and medical services are first time clients. The CPC helps clients obtain Medicaid so that they can obtain a doctor's services and no longer need our services. What level of benefit will each person receive?

Early detection, counseling and prenatal advice will help women make better choices for their pregnancy and delivery.

F. For economic development projects:      NA

(a) identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

G. For housing projects, please indicate:      NA

The number of homes to be rehabilitated: \_\_\_\_\_

The number of persons to be benefited: \_\_\_\_\_

### IV. CDBG PROJECT BUDGET

Itemize only those portions of the project and administrative costs that will be paid from CDBG funds as shown on the Project Cost Schedule. The total for this budget schedule must equal the total CDBG request for this project.

| Project Title:                       | FY 2007-08<br>Total Budget | FY 2007-08<br>Proposed<br>CDBG Request | FY 2007-08<br>All Other<br>Funding<br>Sources |
|--------------------------------------|----------------------------|--|---|
| <b>Program Expenses</b>              |                            |  |   |
| Salaries and Benefits                | \$7800                     | \$7800                                 |   |
| Rent and Utilities                   | 2100                       |  | 2100  |
| Mortgage                             |                            |  |   |
| Equipment                            | 6000                       |  | 6000  |
| Equipment Maintenance & Repair       | 1000                       | 1000                                   |   |
| Office Supplies                      | 500                        | 200                                    | 300   |
| Operating Supplies                   |                            |  |   |
| Postage and Shipping                 |                            |  |   |
| Printing and Publications            |                            |  |   |
| Advertising and Promotion            | 500                        |  | 500   |
| Subscriptions and Dues               | 280                        |  | 280   |
| Liability/Other Insurance            | 2150                       |  | 2150  |
| Professional Fees                    | 1000                       | 1000                                   |   |
| Other project costs: (Specify Below) |                            |  |   |
|                                      |                            |  |   |
|                                      |                            |  |   |
|                                      |                            |  |   |
|                                      |                            |  |   |
|                                      |                            |  |   |
| <b>TOTALS</b>                        | <b>\$21,330.00</b>         | <b>\$10,000.00</b>                     | <b>\$11,330.00</b>                            |

## V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:

Carllene Napolitano, Executive Director  
775-885-1700  
cpc@rupg.cc

2. The person directly responsible for on-site supervision of the project, such as a project manager:

Carllene Napolitano  
775-885-1700  
cpc@rupg.cc

3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests:

Gail Rhodes, Center Administrative Director  
775-885-1700  
cpc@rupg.cc

APPENDIX I

CARSON CITY <sup>NA</sup>  
CITY MANAGER'S OFFICE  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

SUBRECIPIENT QUESTIONNAIRE

*(To be completed only in cases where applicant will contract for services with an additional party)*

SUBRECIPIENT NAME: \_\_\_\_\_

SUBRECIPIENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

CDBG CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

FISCAL CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

AUDIT CONTACT PERSON (if different than fiscal contact person): \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

SUBRECIPIENT FISCAL YEAR END: \_\_\_\_\_ )

## APPENDIX II

### INDEX OF ATTACHMENTS

**Required Attachments:** The required attachments as described on Page 2 are listed below. 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.

| Attachment Number | Attachment Description   | Application Page / Section Referenced | Attachment Included (✓) |
|-------------------|--|---------------------------------------|-------------------------|
| 1                 | IRS Tax Exempt "501(c)(3) letter   | Page 2                                |                         |
| 2                 | Proof of incorporation from Secretary of State (Certificate Only)                            | Page 2                                |                         |
| 3                 | Current Organization Chart with names of staff members                                       | Page 2                                |                         |
| 4                 | Current Board of Directors and terms of office   | Page 2                                |                         |
| 5                 | <i>501(c)(3) non-profits:</i> Copy of the most recent Federal Tax Return (Form 990 or 990EX) | Page 2                                |                         |
| 6                 |  |                                       |                         |
| 7                 |  |                                       |                         |
| 8                 |  |                                       |                         |
| 9                 |  |                                       |                         |
| 10                |  |                                       |                         |
| 11                |  |                                       |                         |
| 12                |  |                                       |                         |
| 13                |  |                                       |                         |
| 14                |  |                                       |                         |
| 15                |  |                                       |                         |

## APPENDIX III

### APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete CDBG application. Applications that contain all relevant information and required attachments will receive prompt review.

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

- Grant Cover Sheet.
- Grant Application completed and signed by Agency representative.
- Section I: Project Description and Needs Analysis.
- Section II: Project Measurement.
- Section III: Goals and Objectives.
- Section IV: CDBG Project Budget.
- Section V: Project Administration.
- Appendix I: Subrecipient Questionnaire (*if applicable*).
- Appendix II: Index of Attachments.

Date: JAN 17 1984

Employer Identification Number:

94-2921836  
Accounting Period Ending:  
December 31

Foundation Status Classification:

509(a)(1) & 170(b)(1)(A)(vi)

Advance Ruling Period Ends:

December 31, 1987

Person to Contact:

Desk Officer

Contact Telephone Number:

556-5353

> The Crisis Pregnancy Center of  
Carson City  
P.O. Box 1176  
Carson City, NV 89702

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) & 170(b)(1)(A)(vi)

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section \*170(b)(1)(A)(vi) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor 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 that resulted in your loss of section \*170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section \*170(b)(1)(A)(vi) organization. 509(a)(1) and \*

CERTIFICATE OF AMENDMENT OF  
ARTICLES OF INCORPORATION OF  
CRISIS PREGNANCY CENTER OF CARSON CITY

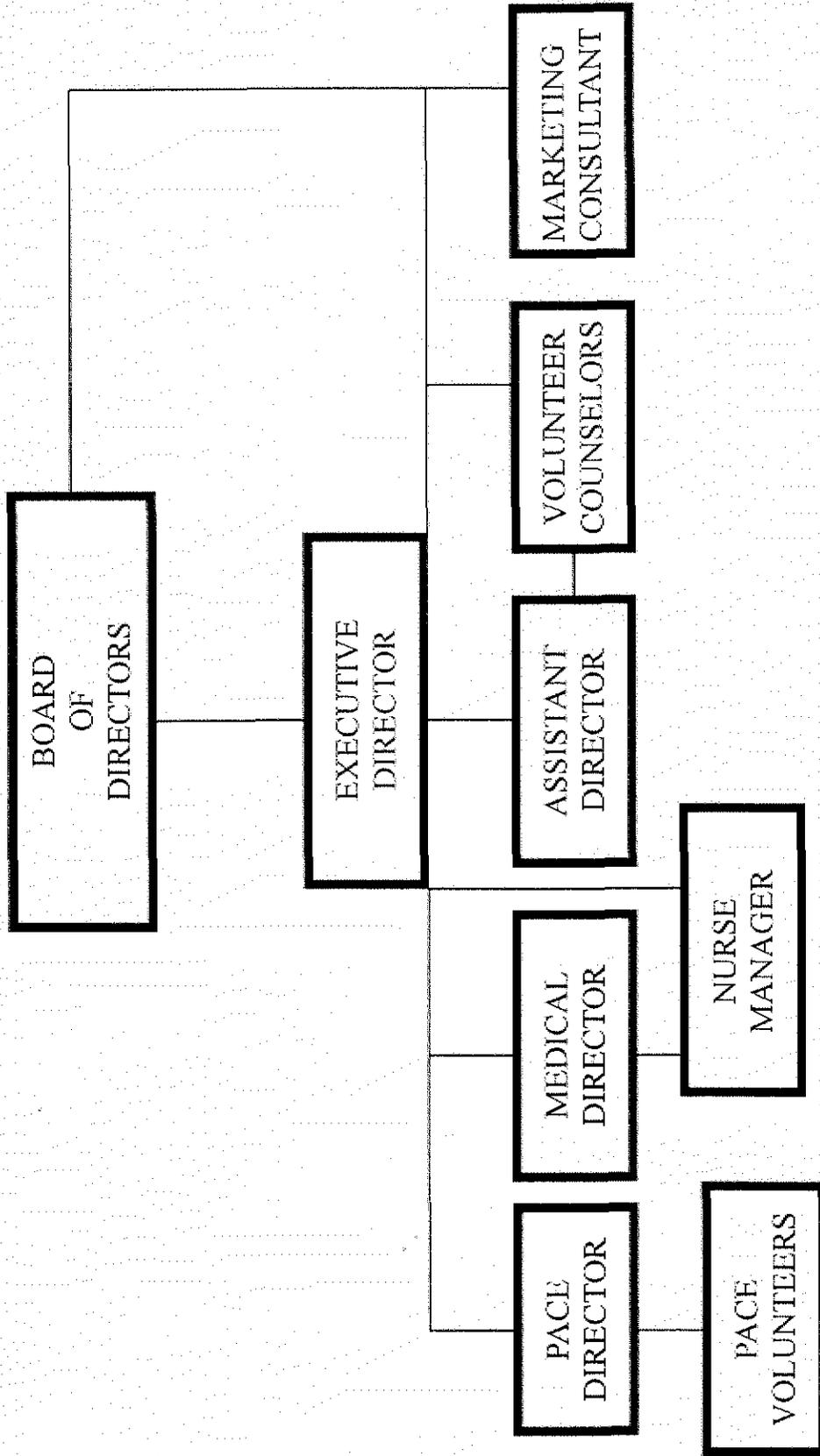
STATE OF NEVADA        )  
                              :   ss.  
CARSON CITY            )

COMES NOW the undersigned original Trustees of CRISIS PREGNANCY CENTER OF CARSON CITY, a Nevada non-profit corporation, and do herewith certify that at a duly called meeting of the Board of Trustees of said corporation, on the 28th day of June, 1983, that it was duly resolved and authorized that Paragraph FOURTH of the Articles of Incorporation of CRISIS PREGNANCY CENTER OF CARSON CITY, which Articles were filed in the office of the Secretary of State on the 4th day of March, 1983, and which were further amended by a first Certificate of Amendment filed in the office of the Secretary of State on the 29th day of April, 1983, be amended to read as follows:

FOURTH: Said corporation shall have a Board of Trustees of no less than three (3) members, and no more than nine (9) members. Each Trustee shall serve until his or her resignation, death or removal in accordance with the Bylaws of the corporation. Trustees other than those named in the original Articles of Incorporation shall be elected by a majority vote of the Board of Trustees from time to time as the Board shall deem necessary. A prospective member for the Board of Trustees shall be nominated by a member of the Board in good standing.

That other than stated herein all of the other provisions

# COMMUNITY PREGNANCY CENTER 2007 Organizational Chart



# Community Pregnancy Center

222 East Washington Street • Carson City, Nevada 89701

310. Box 1176 • Carson City, Nevada 89702

Phone: 775-663-1700

E-Mail: [cpnc@juno.com](mailto:cpnc@juno.com)

## Director

Carlene Apollano

## Assistant Director

Michelle Jrs

## Medical Director

Matthew Barulich, M.D.

## Board of Trustees

Dr. Matthew Barulich

Diane Baker

Byron Churchill

Bill Feltner

Mark Frady

Laura Garfin

Pastor Ken Haskins

Dave McCullough

## Advisory Board

Sen. Al Washington

Pastor Brian Bergman

Neil Bergman

Jeff Denton

Cathy Denton

Cheryl Lase

Rox Feltner

Pastor Ben Thomas

Cheryl Fleming

Judge Dave Gamble

Diane Gamble

Cathy Haskins

Reni Kaiser

Joanna Kaiser

Pastor Leo Krueger

Pastor Louie Locke

Peggy Locke

Bryan Nelson

Wendy Nelson

Paul Seaman

Sheryl Seaman

Dr. Brian Souderogger

Lauree Souderogger

Dr. Steve Taylor

Sandra Taylor

Scott Tietler

Andrew Whans

Cathy Whans

## Board of Directors

President:

Roger Churchill

Elementary School Counselor

Vice President:

Laura Garfin

Realtor

Medical Director:

Matthew Barulich, M.D.,

OB/GYN

Treasurer:

Diane Baker

Consulting Librarian

Secretary:

Bill Feltner

Radio Station Program Director

Member:

Dave McCullough

Physical Therapist

Member:

Mark Frady

Business Owner, Pastoral Assistant

Member:

Ken Haskins

Pastor

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

**2005**

**Open to Public Inspection**

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

**A** For the 2005 calendar year, or tax year beginning **January 1**, 2005, and ending **December 31**, 2005

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**Community Pregnancy Center of Carson City**  
Number and street (or P.O. box, if mail is not delivered to street address); Room/suite  
**222 E. Washington Street**  
City or town, state or country, and ZIP + 4  
**Carson City, NV 89701**

**D** Employer identification number  
**94 2921836**  
**E** Telephone number  
**( 775 ) 885-1700**  
**F** Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ►

**I** Website: ► **www.rupg.cc**

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

**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

|            |  | 1  | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 7a | 7b | 7c | 8 | 9        | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|---|----------|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   |   |   |   |    |    |    |    |    |    |    |    |    |   | 62075.95 |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 2  | Program service revenue including government fees and contracts  |   |   |   |    |    |    |    |    |    |    |    |    |   | 0        |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 3  | Membership dues and assessments  |   |   |   |    |    |    |    |    |    |    |    |    |   | 0        |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 4  | Investment income  |   |   |   |    |    |    |    |    |    |    |    |    |   | 0        |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 5a   | Gross amount from sale of assets other than inventory  |   |   |   |    | 0  |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | b  | Less: cost or other basis and sales expenses   |   |   |   |    |    | 0  |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | c  | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 6  | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>                               |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | a  | Gross revenue (not including \$ _____ of contributions reported on line 1)   |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | b  | Less: direct expenses other than fundraising expenses  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| c          | Net income or (loss) from special events and activities (line 6a less line 6b) |  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 7a         | Gross sales of inventory, less returns and allowances                          |  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| b          | Less: cost of goods sold   |  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| c          | Gross profit or (loss) from sales of inventory (line 7a less line 7b)          |  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 8          | Other revenue (describe ► _____)   |  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 9          | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)                 |  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Expenses   | 10   | Grants and similar amounts paid (attach schedule)  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 11   | Benefits paid to or for members  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 12   | Salaries, other compensation, and employee benefits  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 13   | Professional fees and other payments to independent contractors  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 14   | Occupancy, rent, utilities, and maintenance  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 15   | Printing, publications, postage, and shipping  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 16   | Other expenses (describe ► <b>general operating expenses</b> )   |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| 17         | <b>Total expenses</b> (add lines 10 through 16)                                |  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Net Assets | 18   | Excess or (deficit) for the year (line 9 less line 17)   |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 20   | Other changes in net assets or fund balances (attach explanation)  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |
|            | 21   | <b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)  |   |   |   |    |    |    |    |    |    |    |    |    |   |          |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

|    |  | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments   | 3646.04               | 22 6380.86      |
| 23 | Land and buildings   | 0                     | 23 0            |
| 24 | Other assets (describe ► <b>Utility Deposit, office furniture and equipment</b> )  | 269.00                | 24 269.00       |
| 25 | <b>Total assets</b>  | 3918.04               | 25 6649.86      |
| 26 | <b>Total liabilities</b> (describe ► _____)  | 0                     | 26 0            |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 3918.04               | 27 6649.86      |

| Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)   |  | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |          |
|--|--|---|----------|
| What is the organization's primary exempt purpose? <b>Pregnancy Counseling Center</b>  |  |   |          |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program (i.e., |  |   |          |
| 28   | All services provided free of charge, to include pregnancy tests, referral services, baby clothing, baby furniture, and diaper distribution. Prenancy tests performed 308. Clients counseled 871 | 28a   | 59344.13 |
| (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>  |  |   |          |
| 29   |  | 29a   | 0        |
| (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>  |  |   |          |
| 30   |  | 30a   | 0        |
| (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>  |  |   |          |
| 31   | Other program services (attach schedule)   | 31a   | 0        |
| (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>  |  |   |          |
| 32   | Total program service expenses (add lines 28a through 31a)   | 32  | 59344.13 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.) |  |  |   |  |
|--|--|--|---|--|
| (A) Name and address   | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| Roger Churchill<br>978 Hillside, Carson City, NV 89705   | president (2)  | 0  | 0   | 0  |
| Laura Garfin<br>1642 Camille, Carson City, NV 89701  | vice president (1)                                       | 0  | 0   | 0  |
| Diane Baker<br>2018 Pinion Hills Dr, Carson City, NV 89701   | secretary (2)  | 0  | 0   | 0  |
| Mark Frady<br>84 Silver Lane, Carson City, NV 89706  | treasurer (5)  | 0  | 0   | 0  |

| Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) |  | Yes | No                                  |
|---|--|-----|-------------------------------------|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | <input checked="" type="checkbox"/> |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   |     | <input checked="" type="checkbox"/> |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. |     |                                     |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?   |     | <input checked="" type="checkbox"/> |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?   |     |                                     |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)   |     | <input checked="" type="checkbox"/> |
| 37a   | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶  | 0   |                                     |
| b   | Did the organization file Form 1120-POL for this year?   |     | <input checked="" type="checkbox"/> |
| 38a   | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                    |     | <input checked="" type="checkbox"/> |
| b   | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved  | 38b | n/a                                 |
| 39  | 501(c)(7) organizations. Enter:  |     |                                     |
| a   | Initiation fees and capital contributions included on line 9   | 39a | n/a                                 |
| b   | Gross receipts, included on line 9, for public use of club facilities  | 39b | n/a                                 |
| 40a   | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____   |     |                                     |
| b   | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.    | 40b | <input checked="" type="checkbox"/> |
| c   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |     | 0                                   |
| d   | Enter amount of tax on line 40c reimbursed by the organization   |     | 0                                   |

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

**41** List the states with which a copy of this return is filed. ▶ \_\_\_\_\_  
**42a** The books are in care of ▶ Community Pregnancy Center Telephone no. ▶ ( 775 ) 335-1700  
 Located at ▶ 222 E. Washington St., Carson city ZIP + 4 ▶ 89701

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

|            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     | ✓  |
| <b>42c</b> |     | ✓  |

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

|   |             |   |   |
|---|-------------|---|---|
| Preparer's signature ▶ _____  | Date _____  | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. W) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ | EIN ▶ _____ | Phone no. ▶ _____                                 |   |

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

**Supplementary Information—(See separate instructions.)**

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

|  |   |
|--|---|
| Name of the organization<br><b>Community Pregnancy Center of Carson City</b> | Employer identification number<br><b>94 : 2921836</b> |
|--|---|

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| none  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶          |  | -0-              |   |  |

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| none  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services ▶  |                     | -0-              |

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000    | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| none   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other contractors receiving over \$50,000 for other services ▶ |                     | -0-              |

**Part III** Statements About Activities (See page 2 of the instructions.)

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)
- Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.
- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)
- a Sale, exchange, or leasing of property?
  - b Lending of money or other extension of credit?
  - c Furnishing of goods, services, or facilities?
  - d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
  - e Transfer of any part of its income or assets?
- 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)
- b Do you have a section 403(b) annuity plan for your employees?
  - c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?
- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?
- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

|    | Yes | No |
|----|-----|----|
| 1  |     | ✓  |
| 2a |     | ✓  |
| 2b |     | ✓  |
| 2c |     | ✓  |
| 2d |     | ✓  |
| 2e |     | ✓  |
| 3a |     | ✓  |
| 3b |     | ✓  |
| 3c |     | ✓  |
| 4a |     | ✓  |
| 4b |     | ✓  |

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in)   | (a) 2004     | (b) 2003     | (c) 2002     | (d) 2001     | (e) Total     |
|---|--------------|--------------|--------------|--------------|---------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)   | 55518.38     | 52616.14     | 50315.80     | 59558.85     | 218009.17     |
| 16 Membership fees received   | 0            | 0            | 0            | 0            | 0             |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  | 0            | 0            | 0            | 0            | 0             |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975   | 0            | 0            | 0            | 0            | 0             |
| 19 Net income from unrelated business activities not included in line 18  | 0            | 0            | 0            | 0            | 0             |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   | 0            | 0            | 0            | 0            | 0             |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge   | 0            | 0            | 0            | 0            | 0             |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets   | 0            | 0            | 0            | 0            | 0             |
| 23 Total of lines 15 through 22   | 55518.38     | 52616.14     | 50315.80     | 59558.85     | 218009.17     |
| 24 Line 23 minus line 17  | 55518.38     | 52616.14     | 50315.80     | 59558.85     | 218009.17     |
| 25 Enter 1% of line 23  | 555.18       | 526.16       | 503.15       | 595.58       |               |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24   |              |              |              |              | 26a 4360.18   |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts  |              |              |              |              | 26b 16097.72  |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)   |              |              |              |              | 26c 218009.17 |
| d Add: Amounts from column (e) for lines: 18 <u>0</u> 19 <u>0</u>   |              |              |              |              | 26d 16097.72  |
| 22 <u>0</u> 26b <u>16097.72</u>   |              |              |              |              | 26e 201911.45 |
| e Public support (line 26c minus line 26d total)  |              |              |              |              | 26f 92 %      |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))  |              |              |              |              |               |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:  | (2004) _____ | (2003) _____ | (2002) _____ | (2001) _____ |               |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: | (2004) _____ | (2003) _____ | (2002) _____ | (2001) _____ |               |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____   |              |              |              |              | 27c _____     |
| 17 _____ 20 _____ 21 _____  |              |              |              |              | 27d _____     |
| d Add: Line 27a total _____ and line 27b total _____  |              |              |              |              | 27e _____     |
| e Public support (line 27c total minus line 27d total)  |              |              |              |              | 27f _____     |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)   |              |              |              |              | 27g _____ %   |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))  |              |              |              |              | 27h _____ %   |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))  |              |              |              |              |               |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.  |              |              |              |              |               |

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . .  
 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

|    | Yes | No |
|----|-----|----|
| 29 |     |    |
| 30 |     |    |
| 31 |     |    |

- 32 Does the organization maintain the following:
- a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .
  - d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .

|     |  |  |
|-----|--|--|
| 32a |  |  |
| 32b |  |  |
| 32c |  |  |
| 32d |  |  |

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 33 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges? . . . . .
  - b Admissions policies? . . . . .
  - c Employment of faculty or administrative staff? . . . . .
  - d Scholarships or other financial assistance? . . . . .
  - e Educational policies? . . . . .
  - f Use of facilities? . . . . .
  - g Athletic programs? . . . . .
  - h Other extracurricular activities? . . . . .

|     |  |  |
|-----|--|--|
| 33a |  |  |
| 33b |  |  |
| 33c |  |  |
| 33d |  |  |
| 33e |  |  |
| 33f |  |  |
| 33g |  |  |
| 33h |  |  |

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 34a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .
- b Has the organization's right to such aid ever been revoked or suspended? . . . . .  
 If you answered "Yes" to either 34a or b, please explain using an attached statement.

|     |  |  |
|-----|--|--|
| 34a |  |  |
| 34b |  |  |

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .

|    |  |  |
|----|--|--|
| 35 |  |  |
|----|--|--|

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

|  | (a)<br>Affiliated group<br>totals                 | (b)<br>To be completed<br>for ALL electing<br>organizations |
|--|---|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36  |   |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37  |   |
| 38 Total lobbying expenditures (add lines 36 and 37)                             | 38  |   |
| 39 Other exempt purpose expenditures   | 39  |   |
| 40 Total exempt purpose expenditures (add lines 38 and 39)                       | 40  |   |
| 41 Lobbying nontaxable amount. Enter the amount from the following table—        |   |   |
| <b>If the amount on line 40 is—</b>  |   |   |
| <b>The lobbying nontaxable amount is—</b>  |   |   |
| Not over \$500,000   | 20% of the amount on line 40                      |   |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000   |   |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000 |   |
| Over \$1,500,000 but not over \$17,000,000                                       | \$225,000 plus 5% of the excess over \$1,500,000  |   |
| Over \$17,000,000  | \$1,000,000                                       |   |
| 42 Grassroots nontaxable amount (enter 25% of line 41)                           | 42  |   |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.     | 43  |   |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.     | 44  |   |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Calendar year (or<br>fiscal year beginning in) ▶  | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|---|--|-------------|-------------|-------------|--------------|
|   | (a)<br>2005  | (b)<br>2004 | (c)<br>2003 | (d)<br>2002 | (e)<br>Total |
| 45 Lobbying nontaxable amount                     |  |             |             |             |              |
| 46 Lobbying ceiling amount (150% of line 45(e))   |  |             |             |             |              |
| 47 Total lobbying expenditures                    |  |             |             |             |              |
| 48 Grassroots nontaxable amount                   |  |             |             |             |              |
| 49 Grassroots ceiling amount (150% of line 48(a)) |  |             |             |             |              |
| 50 Grassroots lobbying expenditures               |  |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

| Yes | No | Amount |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





9. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

|                           |             |
|---------------------------|-------------|
| Date of incorporation     | 04/29/83    |
| Date of IRS certification | 01/17/84    |
| Tax exempt number         | RCE-004-410 |

10. DUNS Number: 07155580

For information on DUNS, go to: <http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf>

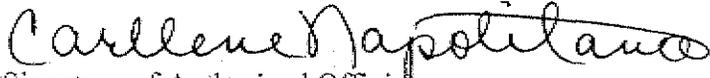
11. Attach the following to each copy of the Proposal for Funding

*(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right:  Previous recipient / Information on file*

- a. IRS Tax Exempt "501(c)(3)" letter.
- b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- d. List of 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 CDBG funds (See 24 CFR 570.611).
- e. *For all 501(c)(3) non-profit organizations:* a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

12. Required Certification (see instructions):

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.

|  |                              |
|--|------------------------------|
| <br>Signature of Authorized Official | 1-31-07<br>Date              |
| Carlene Napolitano, Executive Director<br>Typed Name and Title of Authorized Official                                    | 775-885-1700<br>Phone Number |

|   |                              |
|---|------------------------------|
| <br>Signature of President of Board of Directors | 1-31-07<br>Date              |
| Roger Churchill<br>Typed Name of President of Board of Directors  | 775-885-1700<br>Phone Number |

**Carson City**  
**City Manager's Office**  
**Community Development Block Grant Program (CDBG) Application**

**I. PROJECT DESCRIPTION AND NEEDS ANALYSIS**

HUD has outlined three objectives for the CDBG Program with expected outcomes. When developing your proposal, please adhere to the CDBG Objectives and Outcomes.

**Objectives**

**Outcomes**

- |  |                               |
|--|-------------------------------|
| 1. Create suitable living environments | 1. Availability/accessibility |
| 2. Provide decent affordable housing   | 2. Affordability              |
| 3. Create economic opportunities       | 3. Sustainability             |

A. What is the problem the proposed project is designed to solve?

The Community Pregnancy Center (i.e. CPC) offers immediate prenatal education and option counseling to women experiencing an unplanned pregnancy. Women visit the CPC because they have no insurance, doctor or money. OB/GYN and Medicaid appointments could take from 45 to 60 days to obtain. The Community Pregnancy Center helps a client immediately. The CPC nurse will help high risk clients who are dealing with addictions, uncertainty or other problems that only a medical professional should address. The CPC is transitioning to medical by purchasing an ultrasound, obtaining malpractice insurance, and hiring a nurse to address medical issues.

B. Which CDBG objective (listed above) will you be meeting?

1. Create suitable living environments

C. How is the problem being dealt with at the present time?

Peer counselors present options and education through videos and brochures. The CPC encourages clients to seek early prenatal care with an OB/GYN. The CPC's Medical Director offers very limited ultrasound services in his office.

D. What is the project or activity you want to undertake to solve the problem?

The CPC is planning to hire a nurse (hopefully bilingual) to conduct ultrasounds, provide pregnancy confirmations and prenatal advice to clients in need of these services.

E. How will the proposed project solve the problem?

With this medical transition, the CPC nurse would be able to address immediate medical concerns and risks for a woman facing the crisis of an unplanned pregnancy. The nurse can conduct ultrasounds for high risk clients for viability and accurate dating of pregnancy.

F. How will you know if you have successfully solved the problem?

Over 3000 pregnancy centers in the United States provide free pregnancy services to women who have no insurance, money or doctor so that they can receive important prenatal education immediately. Many of these centers have limited medical personnel providing their services. These centers, converting to medical, have increased and enhanced their care tremendously. Clients are referred to physicians for prenatal care.

G. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

The CPC already keeps accurate records on all of their clients; therefore the CPC would only have to add medical information to client charts, tracking visits with the nurse for ultrasounds and/or prenatal education in our client statistics.

H. How will the CDBG funds be used on this project?

The CPC would like to use CDBG funds for one year of the nurse's salary, as well as for fees and expenses for medical services offered.

I. What will you do to solve the problem if the proposed project is not funded by CDBG?

The CPC would apply for other grants and ask private donors for continuous funding for this project.

J. Where will the project be located and what is the geographic target area that will be served by this project?

Target Area (specify geographic area) \_\_\_\_\_

OR  Community-wide

*For Capital (Public) Improvement Projects only NA*

K. Is the proposed project part of a larger project or is it a stand-alone project?

1. If part of a larger project, please describe the entire project.

2. Can this project be done in different phases? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If YES, explain.

3. Have CDBG funds been used for an earlier phase? \_\_\_\_\_ Yes \_\_\_\_\_ No

L. Ownership Information

1. Who currently holds title to the property involved?

2. In whom will title be vested upon completion?

3. Do any rights-of-way, easements or other access rights need to be acquired?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

4. If the project requires water rights or well permits, have they been acquired?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

## II. PROJECT MEASUREMENT

The Carson City CDBG Program, in compliance with Department of Housing & Urban Development (HUD) directives, is implementing Performance Measures into the application and grant/project administration process. When completing this section, keep in mind that *outputs* are the products or activities of program implementation (such as numbers of clients served) and *outcomes* are the benefits or changes that result from the program (how well the service met the user needs).

1. Please identify the quantifiable, projected **outputs** of this program/project.

Many of the CPC clients are low income and deal with addictions such as drinking, smoking, drugs and life issues. Some clients have prescribed medication and when they find out that they are pregnant an OB/GYN appointment may not be available for early prenatal advice. A nurse for medical and ultrasound services will help with prenatal care immediately.

2. Please quantify the **total** number of persons intended to benefit from program/project output.

The CPC hopes to provide services to 500 clients in 2007 of which approximately 300 high risks clients will need immediate ultrasounds or prenatal education and counseling from the nurse.

3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?

Almost 100% of all CPC clients are low income and come to the center because they have no insurance, no doctor or money. Those who can obtain any of the above have no need of these services.

4. Please identify the quantifiable, projected **outcome** of this program/project. (How will the outputs benefit the total number of persons in Question 2, above?)

Women who receive early prenatal education and medical advice make better choices for their pregnancy and delivery. Care Net, a pregnancy center training organization, reports that 85% of pregnancy center clients will follow through with pregnancy, health, and doctor care due to early detection and counseling.

5. Please list the name, address, phone number and e-mail of the person responsible to track the performance measurement on this program/project.

Gail Rhodes  
775-885-1700  
cpc@rupg.cc

### III. GOALS AND OBJECTIVES

A. Mark all of the following Carson City goals that apply to this project:

1. Project has been identified as part of the local planning process.  
 2. Project addresses a problem that poses a health or safety concern in the community.

B. If your project is designed to serve a limited clientele, please indicate the population you will be serving with your project:

- Abused Children                       Illiterate Persons                       Homeless Persons  
 Battered Spouses                       Elderly                       Severely Disabled Adults  
 Migrant Farm Workers                       Other (Please explain) Women facing an unplanned pregnancy.

C. If your project will not be serving one of the above categories, explain (a) how you will document client income and (b) how you will document that at least 51% of your clientele will be low-to-moderate income:

The Community Pregnancy Center will add the "question of income" to the "Request for Services" which all clients complete before they are seen.

D. How many unduplicated persons/households will benefit from this project?

99% of CPC clients seeking ultrasound and medical services are first time clients. The CPC helps clients obtain Medicaid so that they can obtain a doctor's services and no longer need our services. What level of benefit will each person receive?

Early detection, counseling and prenatal advice will help women make better choices for their pregnancy and delivery.

F. For economic development projects:                      NA

(a) identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

G. For housing projects, please indicate:                      NA

The number of homes to be rehabilitated: \_\_\_\_\_

The number of persons to be benefited: \_\_\_\_\_

## IV. CDBG PROJECT BUDGET

Itemize only those portions of the project and administrative costs that will be paid from CDBG funds as shown on the Project Cost Schedule. The total for this budget schedule must equal the total CDBG request for this project.

| Project Title:                       | FY 2007-08<br>Total Budget | FY 2007-08<br>Proposed<br>CDBG Request | FY 2007-08<br>All Other<br>Funding<br>Sources |
|--------------------------------------|----------------------------|--|---|
| <b>Program Expenses</b>              |                            |  |   |
| Salaries and Benefits                | \$7800                     | \$7800                                 |   |
| Rent and Utilities                   | 2100                       |  | 2100  |
| Mortgage                             |                            |  |   |
| Equipment                            | 6000                       |  | 6000  |
| Equipment Maintenance & Repair       | 1000                       | 1000                                   |   |
| Office Supplies                      | 500                        | 200                                    | 300   |
| Operating Supplies                   |                            |  |   |
| Postage and Shipping                 |                            |  |   |
| Printing and Publications            |                            |  |   |
| Advertising and Promotion            | 500                        |  | 500   |
| Subscriptions and Dues               | 280                        |  | 280   |
| Liability/Other Insurance            | 2150                       |  | 2150  |
| Professional Fees                    | 1000                       | 1000                                   |   |
| Other project costs: (Specify Below) |                            |  |   |
|                                      |                            |  |   |
|                                      |                            |  |   |
|                                      |                            |  |   |
|                                      |                            |  |   |
| <b>TOTALS</b>                        | <b>\$21,330.00</b>         | <b>\$10,000.00</b>                     | <b>\$11,330.00</b>                            |

## V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:

Carllene Napolitano, Executive Director  
775-885-1700  
cpc@rupg.cc

2. The person directly responsible for on-site supervision of the project, such as a project manager:

Carllene Napolitano  
775-885-1700  
cpc@rupg.cc

3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests:

Gail Rhodes, Center Administrative Director  
775-885-1700  
cpc@rupg.cc

APPENDIX I

CARSON CITY <sup>NA</sup>  
CITY MANAGER'S OFFICE  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

SUBRECIPIENT QUESTIONNAIRE

*(To be completed only in cases where applicant will contract for services with an additional party)*

SUBRECIPIENT NAME: \_\_\_\_\_

SUBRECIPIENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

CDBG CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

FISCAL CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

AUDIT CONTACT PERSON (if different than fiscal contact person): \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

SUBRECIPIENT FISCAL YEAR END: \_\_\_\_\_ )

## APPENDIX II

### INDEX OF ATTACHMENTS

**Required Attachments:** The required attachments as described on Page 2 are listed below. 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.

| Attachment Number | Attachment Description   | Application Page / Section Referenced | Attachment Included (✓) |
|-------------------|--|---------------------------------------|-------------------------|
| 1                 | IRS Tax Exempt "501(c)(3) letter   | Page 2                                |                         |
| 2                 | Proof of incorporation from Secretary of State (Certificate Only)                            | Page 2                                |                         |
| 3                 | Current Organization Chart with names of staff members                                       | Page 2                                |                         |
| 4                 | Current Board of Directors and terms of office   | Page 2                                |                         |
| 5                 | <i>501(c)(3) non-profits:</i> Copy of the most recent Federal Tax Return (Form 990 or 990EX) | Page 2                                |                         |
| 6                 |  |                                       |                         |
| 7                 |  |                                       |                         |
| 8                 |  |                                       |                         |
| 9                 |  |                                       |                         |
| 10                |  |                                       |                         |
| 11                |  |                                       |                         |
| 12                |  |                                       |                         |
| 13                |  |                                       |                         |
| 14                |  |                                       |                         |
| 15                |  |                                       |                         |

## APPENDIX III

### APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete CDBG application. Applications that contain all relevant information and required attachments will receive prompt review.

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

- Grant Cover Sheet.
- Grant Application completed and signed by Agency representative.
- Section I: Project Description and Needs Analysis.
- Section II: Project Measurement.
- Section III: Goals and Objectives.
- Section IV: CDBG Project Budget.
- Section V: Project Administration.
- Appendix I: Subrecipient Questionnaire *(if applicable)*.
- Appendix II: Index of Attachments.

Date: JAN 17 1984

Employer Identification Number:

94-2921836  
Accounting Period Ending:  
December 31

Foundation Status Classification:

509(a)(1) & 170(b)(1)(A)(vi)

Advance Ruling Period Ends:

December 31, 1987

Person to Contact:

Desk Officer

Contact Telephone Number:

556-5353

▷ The Crisis Pregnancy Center of  
Carson City  
P.O. Box 1176  
Carson City, NV 89702

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) & 170(b)(1)(A)(vi)

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section \*170(b)(1)(A)(vi) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor 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 that resulted in your loss of section \*170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section \*170(b)(1)(A)(vi) organization. 509(a)(1) and \*

CERTIFICATE OF AMENDMENT OF  
ARTICLES OF INCORPORATION OF  
CRISIS PREGNANCY CENTER OF CARSON CITY

STATE OF NEVADA        )  
                              : ss.  
CARSON CITY            )

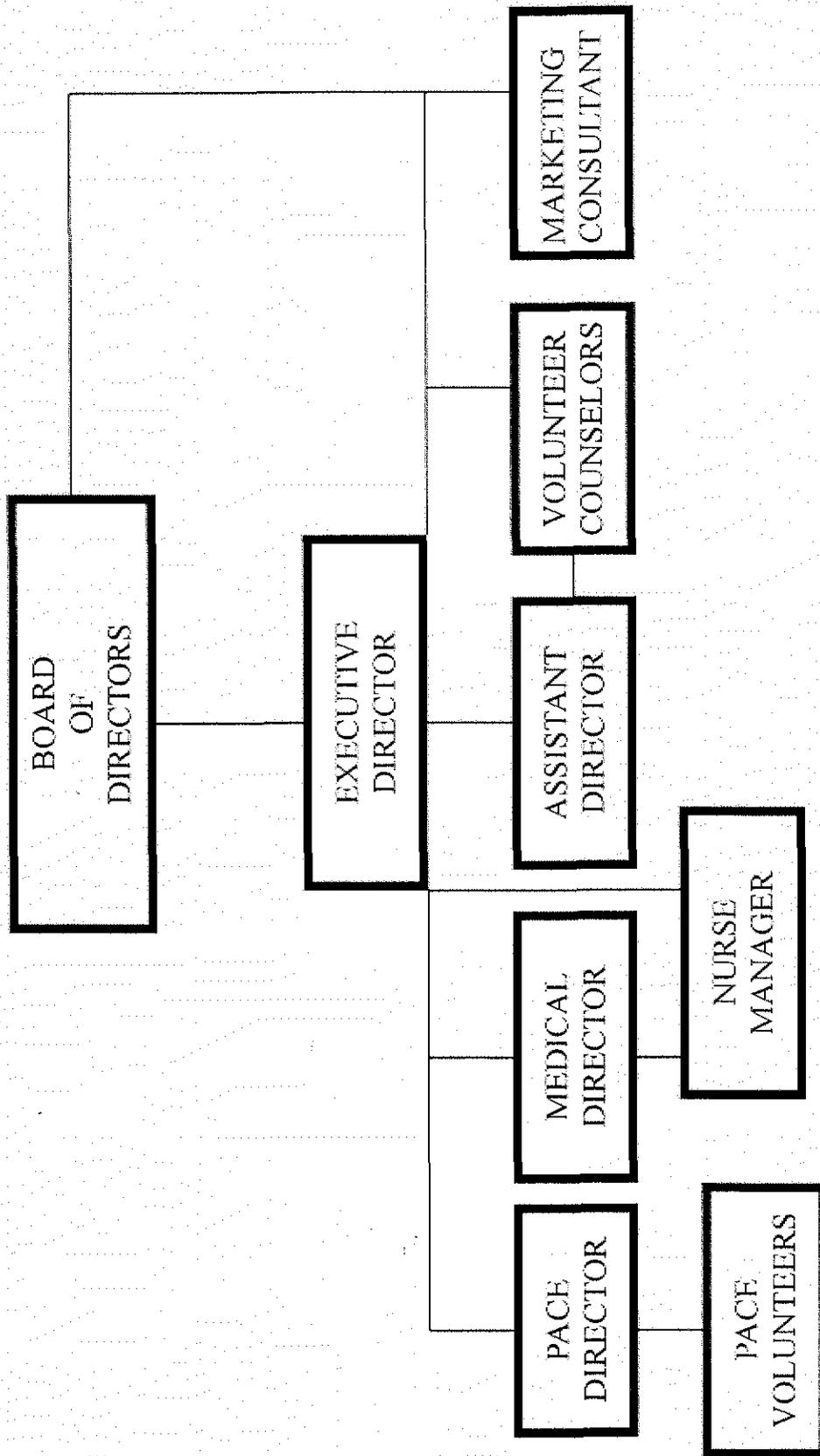
COMES NOW the undersigned original Trustees of CRISIS PREGNANCY CENTER OF CARSON CITY, a Nevada non-profit corporation, and do herewith certify that at a duly called meeting of the Board of Trustees of said corporation, on the 28th day of June, 1983, that it was duly resolved and authorized that Paragraph FOURTH of the Articles of Incorporation of CRISIS PREGNANCY CENTER OF CARSON CITY, which Articles were filed in the office of the Secretary of State on the 4th day of March, 1983, and which were further amended by a first Certificate of Amendment filed in the office of the Secretary of State on the 29th day of April, 1983, be amended to read as follows:

FOURTH: Said corporation shall have a Board of Trustees of no less than three (3) members, and no more than nine (9) members. Each Trustee shall serve until his or her resignation, death or removal in accordance with the Bylaws of the corporation. Trustees other than those named in the original Articles of Incorporation shall be elected by a majority vote of the Board of Trustees from time to time as the Board shall deem necessary. A prospective member for the Board of Trustees shall be nominated by a member of the Board in good standing.

That other than stated herein all of the other provisions

# COMMUNITY PREGNANCY CENTER

## 2007 Organizational Chart



# Community Pregnancy Center

222 East Washington Street • Carson City, Nevada 89701

P.O. Box 1170 • Carson City, Nevada 89702

Phone: 775-887-1170

E-Mail: [cpcc@juno.com](mailto:cpcc@juno.com)

## Director

Janine Apollonio

## Assistant Director

Janine Apollonio

## Medical Director

Matthew Barulich, M.D.

## Board of Trustees

Dr. Matthew Barulich

Diane Baker

Roger Churchill

Mark Frady

Laura Garfin

Pastor Ken Haskins

Dave McCullough

## Advisory Board

Sen. De. Washington

Pastor Brian Borgman

Ariel Brown

Jeff Denton

Cathy Denton

Cheryl Duce

Roxie Feltner

Pastor Ben Hoffman

Clare Hamling

Judge Dave Gamble

Diane Gamble

Cathy Haskins

Rene Kaiser

Joanna Kaiser

Pastor Len Kruger

Pastor Louie Locke

Peggy Locke

Bryan Nelson

Wendy Nelson

Paul Seaman

Sheryl Seaman

Dr. Brian Sonderzger

Laurie Sonderzger

Dr. Steve Taylor

Sandra Taylor

Scott Tartier

Andrew Vanni

Cathy Vanni

## Board of Directors

**President:** Roger Churchill  
Elementary School Counselor

**Vice President:** Laura Garfin  
Realtor

**Medical Director:** Matthew Barulich, M.D.,  
OB/GYN

**Treasurer:** Diane Baker  
Consulting Librarian

**Secretary:** Bill Feltner  
Radio Station Program Director

**Member:** Dave McCullough  
Physical Therapist

**Member:** Mark Frady  
Business Owner, Pastoral Assistant

**Member:** Ken Haskins  
Pastor

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

**2005**

**Open to Public Inspection**

**A** For the 2005 calendar year, or tax year beginning **January 1**, 2005, and ending **December 31**, 2005

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**Community Pregnancy Center of Carson City**  
 Number and street (or P.O. box, if mail is not delivered to street address): Room/suite  
**222 E. Washington Street**  
 City or town, state or country, and ZIP + 4  
**Carson City, NV 89701**

**D** Employer identification number  
**94 2921836**  
**E** Telephone number  
**( 775 ) 885-1700**  
**F** Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I** Website: ▶ **www.rupg.cc**

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

**J** Organization type (check only one)— 501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

| Revenue    | 1   | Contributions, gifts, grants, and similar amounts received   | 1        | 62075.95 |  |
|------------|---|--|----------|----------|--|
|            | 2   | Program service revenue including government fees and contracts  | 2        | 0        |  |
|            | 3   | Membership dues and assessments  | 3        | 0        |  |
|            | 4   | Investment income  | 4        | 0        |  |
|            | 5a  | Gross amount from sale of assets other than inventory  | 5a       | 0        |  |
|            | 5b  | Less: cost or other basis and sales expenses   | 5b       | 0        |  |
|            | 5c  | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).  | 5c       | 0        |  |
|            | 6   | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>                               |          |          |  |
|            | 6a  | Gross revenue (not including \$ _____ of contributions reported on line 1)   | 6a       | 0        |  |
| Expenses   | 6b  | Less: direct expenses other than fundraising expenses  | 6b       | 0        |  |
|            | 6c  | Net income or (loss) from special events and activities (line 6a less line 6b)   | 6c       | 0        |  |
|            | 7a  | Gross sales of inventory, less returns and allowances  | 7a       | 0        |  |
|            | 7b  | Less: cost of goods sold   | 7b       | 0        |  |
|            | 7c  | Gross profit or (loss) from sales of inventory (line 7a less line 7b)  | 7c       | 0        |  |
|            | 8   | Other revenue (describe ▶ _____)   | 8        | 0        |  |
|            | 9   | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).  | 9        | 62075.95 |  |
| Expenses   | 10  | Grants and similar amounts paid (attach schedule)  | 10       | 0        |  |
|            | 11  | Benefits paid to or for members  | 11       | 0        |  |
|            | 12  | Salaries, other compensation, and employee benefits  | 12       | 30224.70 |  |
|            | 13  | Professional fees and other payments to independent contractors  | 13       | 0        |  |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14       | 9578.11  |  |
|            | 15  | Printing, publications, postage, and shipping  | 15       | 355.00   |  |
|            | 16  | Other expenses (describe ▶ <b>general operating expenses</b> )   | 16       | 19186.32 |  |
| 17         | <b>Total expenses</b> (add lines 10 through 16) | 17   | 59344.13 |          |  |
| Net Assets | 18  | Excess or (deficit) for the year (line 9 less line 17)   | 18       | 2731.82  |  |
|            | 19  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19       | 2542.40  |  |
|            | 20  | Other changes in net assets or fund balances (attach explanation)  | 20       | 1375.64  |  |
|            | 21  | <b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)  | 21       | 3918.04  |  |

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments   | 3646.04               | 22 6380.86      |
| 23 Land and buildings   | 0                     | 23 0            |
| 24 Other assets (describe ▶ <b>Utility Deposit, office furniture and equipment</b> )  | 269.00                | 24 269.00       |
| 25 <b>Total assets</b>  | 3918.04               | 25 6649.86      |
| 26 <b>Total liabilities</b> (describe ▶ _____)  | 0                     | 26 0            |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 3918.04               | 27 6649.86      |

**Part III Statement of Program Service Accomplishments** (See page 42 of the instructions.)

What is the organization's primary exempt purpose? **Pregnancy Counseling Center**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program line.

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

|           |  |            |                 |
|-----------|--|------------|-----------------|
| <b>28</b> | All services provided free of charge, to include pregnancy tests, referral services, baby clothing, baby furniture, and diaper distribution. Prenancy tests performed 308. Clients counseled 871 |            |                 |
|           | (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>28a</b> | <b>59344.13</b> |
| <b>29</b> |  |            |                 |
|           | (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>29a</b> | <b>0</b>        |
| <b>30</b> |  |            |                 |
|           | (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>30a</b> | <b>0</b>        |
| <b>31</b> | Other program services (attach schedule)   |            |                 |
|           | (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>31a</b> | <b>0</b>        |
| <b>32</b> | <b>Total program service expenses</b> (add lines 28a through 31a)  | <b>32</b>  | <b>59344.13</b> |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 42 of the instructions.)

| (A) Name and address                                       | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|---|---|--|
| Roger Churchill<br>978 Hillside, Carson City, NV 89705     | president (2)  | 0   | 0   | 0  |
| Laura Garfin<br>1642 Camille, Carson City, NV 89701        | vice president (1)                                       | 0   | 0   | 0  |
| Diane Baker<br>2018 Pinion Hills Dr, Carson City, NV 89701 | secretary (2)  | 0   | 0   | 0  |
| Mark Frady<br>84 Silver Lane, Carson City, NV 89706        | treasurer (5)  | 0   | 0   | 0  |

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.)

|  | Yes            | No                                  |
|--|----------------|-------------------------------------|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |                | <input checked="" type="checkbox"/> |
| <b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   |                | <input checked="" type="checkbox"/> |
| <b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. |                |                                     |
| <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  |                | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?  |                |                                     |
| <b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)   |                | <input checked="" type="checkbox"/> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0  |                |                                     |
| <b>b</b> Did the organization file Form 1120-POL for this year?  |                | <input checked="" type="checkbox"/> |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                   |                | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved   | <b>38b</b> n/a |                                     |
| <b>39</b> 501(c)(7) organizations. Enter:  |                |                                     |
| <b>a</b> Initiation fees and capital contributions included on line 9  | <b>39a</b> n/a |                                     |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities   | <b>39b</b> n/a |                                     |
| <b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶  |                |                                     |
| <b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.     |                | <input checked="" type="checkbox"/> |
| <b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶  |                | <b>0</b>                            |
| <b>d</b> Enter amount of tax on line 40c reimbursed by the organization ▶  |                | <b>0</b>                            |

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed.
- 42a The books are in care of  Community Pregnancy Center Telephone no.  ( 775 ) 385-1700  
 Located at  222 E. Washington St., Carson city ZIP + 4  89701
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   
 If "Yes," enter the name of the foreign country:   
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.   
 and enter the amount of tax-exempt interest received or accrued during the tax year  43

|     | Yes | No |
|-----|-----|----|
| 42b |     | ✓  |
| 42c |     | ✓  |

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN  \_\_\_\_\_ Phone no.  ( ) \_\_\_\_\_

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

**Supplementary Information—(See separate instructions.)**

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

|  |   |
|--|---|
| Name of the organization<br><b>Community Pregnancy Center of Carson City</b> | Employer identification number<br><b>94   2921836</b> |
|--|---|

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| none  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶          |  | -0-              |   |  |

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| none  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services ▶  |                     | -0-              |

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000    | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| none   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other contractors receiving over \$50,000 for other services ▶ |                     | -0-              |

**Part III** Statements About Activities (See page 2 of the instructions.)

|  | Yes | No |
|--|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)<br><i>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</i> |     | ✓  |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)   |     |    |
| a Sale, exchange, or leasing of property?  |     | ✓  |
| b Lending of money or other extension of credit?   |     | ✓  |
| c Furnishing of goods, services, or facilities?  |     | ✓  |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  |     | ✓  |
| e Transfer of any part of its income or assets?  |     | ✓  |
| 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)  |     | ✓  |
| b Do you have a section 403(b) annuity plan for your employees?  |     | ✓  |
| c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?   |     | ✓  |
| 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?   |     | ✓  |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?  |     | ✓  |

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total     |
|--|----------|----------|----------|----------|---------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)  | 55518.38 | 52616.14 | 50315.80 | 59558.85 | 218009.17     |
| 16 Membership fees received  | 0        | 0        | 0        | 0        | 0             |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose   | 0        | 0        | 0        | 0        | 0             |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975  | 0        | 0        | 0        | 0        | 0             |
| 19 Net income from unrelated business activities not included in line 18.  | 0        | 0        | 0        | 0        | 0             |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  | 0        | 0        | 0        | 0        | 0             |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.   | 0        | 0        | 0        | 0        | 0             |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets  | 0        | 0        | 0        | 0        | 0             |
| 23 Total of lines 15 through 22  | 55518.38 | 52616.14 | 50315.80 | 59558.85 | 218009.17     |
| 24 Line 23 minus line 17   | 55518.38 | 52616.14 | 50315.80 | 59558.85 | 218009.17     |
| 25 Enter 1% of line 23   | 555.18   | 526.16   | 503.15   | 595.58   |               |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24  |          |          |          |          | 26a 4360.18   |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts   |          |          |          |          | 26b 16097.72  |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)  |          |          |          |          | 26c 218009.17 |
| d Add: Amounts from column (e) for lines: 18 0 19 0 22 0 26b 16097.72  |          |          |          |          | 26d 16097.72  |
| e Public support (line 26c minus line 26d total)   |          |          |          |          | 26e 201911.45 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   |          |          |          |          | 26f 92 %      |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:<br>(2004) ..... (2003) ..... (2002) ..... (2001) .....  |          |          |          |          |               |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:<br>(2004) ..... (2003) ..... (2002) ..... (2001) ..... |          |          |          |          |               |
| c Add: Amounts from column (e) for lines: 15 ..... 16 ..... 17 ..... 20 ..... 21 .....   |          |          |          |          | 27c           |
| d Add: Line 27a total, ..... and line 27b total, .....   |          |          |          |          | 27d           |
| e Public support (line 27c total minus line 27d total)   |          |          |          |          | 27e           |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)  |          |          |          |          | 27f           |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))   |          |          |          |          | 27g %         |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))   |          |          |          |          | 27h %         |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.   |          |          |          |          |               |

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

|    | Yes | No |
|----|-----|----|
| 29 |     |    |

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

|    |  |  |
|----|--|--|
| 30 |  |  |
|----|--|--|

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

|    |  |  |
|----|--|--|
| 31 |  |  |
|----|--|--|

32 Does the organization maintain the following:  
a Records indicating the racial composition of the student body, faculty, and administrative staff?  
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  
d Copies of all material used by the organization or on its behalf to solicit contributions?

|    |  |  |
|----|--|--|
| 31 |  |  |
|----|--|--|

|     |  |  |
|-----|--|--|
| 32a |  |  |
| 32b |  |  |
| 32c |  |  |
| 32d |  |  |

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:  
a Students' rights or privileges?  
b Admissions policies?  
c Employment of faculty or administrative staff?  
d Scholarships or other financial assistance?  
e Educational policies?  
f Use of facilities?  
g Athletic programs?  
h Other extracurricular activities?

|     |  |  |
|-----|--|--|
| 32a |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 32b |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 32c |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 32d |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 33a |  |  |
| 33b |  |  |
| 33c |  |  |
| 33d |  |  |
| 33e |  |  |
| 33f |  |  |
| 33g |  |  |
| 33h |  |  |

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency?  
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.

|     |  |  |
|-----|--|--|
| 33a |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 33b |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 33c |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 33d |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 33e |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 33f |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 33g |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 33h |  |  |
|-----|--|--|

|     |  |  |
|-----|--|--|
| 34a |  |  |
| 34b |  |  |

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

|     |  |  |
|-----|--|--|
| 34a |  |  |
| 34b |  |  |

|    |  |  |
|----|--|--|
| 35 |  |  |
|----|--|--|

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

|    |   | (a)<br>Affiliated group<br>totals                 | (b)<br>To be completed<br>for ALL electing<br>organizations |
|----|---|---|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36  |   |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37  |   |
| 38 | Total lobbying expenditures (add lines 36 and 37)                             | 38  |   |
| 39 | Other exempt purpose expenditures   | 39  |   |
| 40 | Total exempt purpose expenditures (add lines 38 and 39)                       | 40  |   |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table—        |   |   |
|    | <b>If the amount on line 40 is—</b>   | <b>The lobbying nontaxable amount is—</b>         |   |
|    | Not over \$500,000  | 20% of the amount on line 40                      |   |
|    | Over \$500,000 but not over \$1,000,000                                       | \$100,000 plus 15% of the excess over \$500,000   |   |
|    | Over \$1,000,000 but not over \$1,500,000                                     | \$175,000 plus 10% of the excess over \$1,000,000 |   |
|    | Over \$1,500,000 but not over \$17,000,000                                    | \$225,000 plus 5% of the excess over \$1,500,000  |   |
|    | Over \$17,000,000   | \$1,000,000                                       |   |
| 42 | Grassroots nontaxable amount (enter 25% of line 41)                           | 42  |   |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.     | 43  |   |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.     | 44  |   |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Calendar year (or<br>fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2005  | (b)<br>2004 | (c)<br>2003 | (d)<br>2002 | (e)<br>Total |
| 45   | Lobbying nontaxable amount                           |             |             |             |              |
| 46   | Lobbying ceiling amount (150% of line 45(e))         |             |             |             |              |
| 47   | Total lobbying expenditures                          |             |             |             |              |
| 48   | Grassroots nontaxable amount                         |             |             |             |              |
| 49   | Grassroots ceiling amount (150% of line 48(e))       |             |             |             |              |
| 50   | Grassroots lobbying expenditures                     |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

| Yes | No | Amount |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Carson City**  
**Economic Development & Redevelopment Department**  
**Community Development Block Grant Program (CDBG)**  
**Fiscal Year 2007—2008**  
**\*\*\*\*Request for Proposals\*\*\*\***

**WHERE TO:** CARSON CITY

**TURN IN:** ECONOMIC DEVELOPMENT & REDEVELOPMENT DEPARTMENT  
201 NORTH CARSON STREET, SUITE 2  
CARSON CITY, NEVADA 89701

**WHEN:** FEBRUARY 2, 2007, 5:00 P.M.

**DEADLINE:** *The date and hour deadline established is FIRM. Any proposal received AFTER the deadline WILL NOT be considered for funding.*

**APPLICATION COVER SHEET**

1. Name of Agency: Rural Center for Independent Living
2. Project Title: Do Drop In Homeless Center
3. Mailing Address: 900 Mallory Way, Ste. 112, Carson City, Nevada 89701  
Physical Address: Same
4. Agency Director: Dee Dee Foremaster
5. Board Chairperson: Michelle Kassorla, Phd.
6. Contact person (see instructions): Dee Dee Foremaster  
Phone number: 775 841-2580 E-Mail: Fearlessforemaster@earthlink.net  
Fax: 775 841-2580
7. What is your funding request for FY 2007—2008? \$ 20,640
8. Type of Grant (Check One):  
 Public Service     Community Facilities/Improvements  
 Economic Development     Housing Rehabilitation

9. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation: 8/19/1998

Date of IRS certification: May, 1999

Tax exempt number: 88-0389130

10. DUNS Number: 130588655

For information on DUNS, go to: <http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf>

11. Attach the following to each copy of the Proposal for Funding  
*(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right:*

a. IRS Tax Exempt "501(c)(3) letter.

b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)

c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.

d. List of 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 CDBG funds (See 24 CFR 570.611).

e. *For all 501(c)(3) non-profit organizations:* a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990FX). Governmental bodies and schools are exempt from this requirement.

12. Required Certification (see instructions):

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.

Diana Foremaster

Signature of Authorized Official

**Diana Foremaster, Director**

Typed Name and Title of Authorized Official

Dr. Michelle Kassorla

Signature of President of Board of Directors

Michelle Kassorla, PhD.

Typed Name of President of Board of Directors

1/31/07

Date

**775 841-2580**

Phone Number

1/31/07

Date

**775 841-2580**

Phone Number

**Carson City**  
**Economic Development & Redevelopment Department**  
**Community Development Block Grant Program (CDBG) Application**

**I. PROJECT DESCRIPTION AND NEEDS ANALYSIS**

HUD has outlined three objectives for the CDBG Program with expected outcomes. When developing your proposal, please adhere to the CDBG Objectives and Outcomes.

**Objectives**

1. Create suitable living environments
2. Provide decent affordable housing
3. Create economic opportunities

**Outcomes**

1. Availability/accessibility
2. Affordability
3. Sustainability

- A. What is the problem the proposed project is designed to solve? The problem the project is designed to solve is to end homelessness by assisting homeless individuals in obtaining sustainable housing by utilizing existing housing and local, state and federal benefit programs. The Drop In Center also provides a safe, structured, respectful Day Shelter, which is a safe harbor for individuals and their families, who have no shelter.
- B. Which CDBG objective (listed above) will you be meeting? Providing decent affordable housing.
- C. How is the problem being dealt with at the present time? Since the Drop In Center opened it's doors in August 2005, it has assisted in providing housing to 93 homeless individuals and helped 423 individuals with information on jobs, housing, benefits and shelter from the elements during the day.
- D. What is the project or activity you want to undertake to solve the problem? We want to continue our successful project by receiving rental and telephone funds, in order to keep our center functioning.
- E. How will the proposed project solve the problem? With rental and telephone assistance, we can keep our doors and call lines open and will continue to strive to end homelessness by assisting homeless individuals in obtaining sustainable housing by utilizing existing housing and local, state and federal programs. The Drop In Center also provides a safe, structured, respectful Day Shelter, which is a safe harbor for individuals and their families, who have no shelter
- F. How will you know if you have successfully solved the problem? We know we have some measure of success now, by tracking the clients that access our centers services. In a perfect world we would have no homeless individuals and could happily close our doors, if we solved the problem.
- G. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project? We currently track clients by utilizing

intake forms for individuals who use our services to find housing and access job and benefit assistance. After we do an intake, we track the daily use of our day drop in center by utilizing sign-in sheets.

- H. How will the CDBG funds be used on this project? The funds will be used to pay the rent and telephone charges.
- I. What will you do to solve the problem if the proposed project is not funded by CDBG? We will continue to look for grant funding or donations to assist with keeping our doors open.
- J. Where will the project be located and what is the geographic target area that will be served by this project? The project is located at 900 Mallory Way, Ste. 112, Carson City, Nevada. The geographic target area served is the Carson City.

***For Capital (Public) Improvement Projects only***

K. Is the proposed project part of a larger project or is it a stand-alone project?

1. If part of a larger project, please describe the entire project.

2. Can this project be done in different phases?  Yes  No If YES, explain.

3. Have CDBG funds been used for an earlier phase?  Yes  No

**L. Ownership Information**

1. Who currently holds title to the property involved?

2. In whom will title be vested upon completion?

3. Do any rights-of-way, easements or other access rights need to be acquired?

Yes  No

4. If the project requires water rights or well permits, have they been acquired?

Yes  No

## II. PROJECT MEASUREMENT

The Carson City CDBG Program, in compliance with Department of Housing & Urban Development (HUD) directives, is implementing Performance Measures into the application and grant/project administration process. When completing this section, keep in mind that *outputs* are the products or activities of program implementation (such as numbers of clients served) and *outcomes* are the benefits or changes that result from the program (how well the service met the user needs).

1. Please identify the quantifiable, projected outputs of this program/project. We will assist 70 homeless individuals in obtaining housing and assist 300 individuals in accessing jobs and benefit assistance.
2. Please quantify the total number of persons intended to benefit from program/project output. The total number will be 370.
3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)? 100%
4. Please identify the quantifiable, projected outcome of this program/project. (How will the outputs benefit the total number of persons in Question 2, above?) Seventy homeless individuals will obtain housing. Three hundred individuals will receive assistance in obtaining local, state and federal benefits and job assistance.
5. Please list the name, address, phone number and e-mail of the person responsible to track the performance measurement on this program/project. Dee Dee Foremaster, Director, 900 Mallory Way, Ste. 112, Carson City, Nevada 89701.

### III. GOALS AND OBJECTIVES

A. Mark all of the following Carson City goals that apply to this project:

1. Project has been identified as part of the local planning process.  
 2. Project addresses a problem that poses a health or safety concern in the community.

B. If your project is designed to serve a limited clientele, please indicate the population you will be serving with your project:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Abused Children             | <input checked="" type="checkbox"/> Illiterate Persons | <input checked="" type="checkbox"/> Homeless Persons         |
| <input checked="" type="checkbox"/> Battered Spouses | <input checked="" type="checkbox"/> Elderly            | <input checked="" type="checkbox"/> Severely Disabled Adults |
| <input type="checkbox"/> Migrant Farm Workers        | <input type="checkbox"/> Other (Please explain)        |  |

C. If your project will not be serving one of the above categories, explain (a) how you will document client income and (b) how you will document that at least 51% of your clientele will be low-to-moderate income:

D. How many unduplicated persons/households will benefit from this project? 370

F. What level of benefit will each person receive? Services are client centered and level of benefit varies based on client needs.

F. For economic development projects:

(a) identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

G. For housing projects, please indicate:

The number of homes to be rehabilitated:

The number of persons to be benefited: 370

#### IV. CDBG PROJECT BUDGET

Itemize only those portions of the project and administrative costs that will be paid from CDBG funds as shown on the Project Cost Schedule. The total for this budget schedule must equal the total CDBG request for this project.

| Project Title: <b>Do Drop In<br/>Homeless Center</b> | FY 2006-07<br>Total Budget | FY 2006-07<br>Proposed<br>CDBG Request | FY 2006-07<br>All Other<br>Funding<br>Sources |
|--|----------------------------|--|---|
| <b>PROGRAM EXPENSES</b>                              |                            |  |   |
| Salaries and Benefits                                | \$10,800                   | \$0                                    | \$10,800                                      |
| Rent and Utilities                                   | \$20,640                   | \$20,640                               | \$0   |
| Mortgage   | 0                          | 0                                      | 0   |
| Equipment  | 0                          | 0                                      | 0   |
| Equipment Maintenance & Repair                       | 0                          | 0                                      | 0   |
| Office Supplies                                      | \$1,200                    | 0                                      | \$1,200                                       |
| Operating Supplies                                   | 0                          | 0                                      | 0   |
| Postage and Shipping                                 | \$600                      | 0                                      | \$600   |
| Printing and Publications                            | \$600                      | 0                                      | \$600   |
| Advertising and Promotion                            | 0                          | 0                                      | 0   |
| Subscriptions and Dues                               | 0                          | 0                                      | 0   |
| Liability/Other Insurance                            | \$950                      | 0                                      | \$950   |
| Professional Fees                                    | 0                          | 0                                      | 0   |
| Other project costs: (Specify Below)                 | 0                          | 0                                      | 0   |
| <b>TOTALS</b>  | <b>\$34,790</b>            | <b>\$20,640</b>                        | <b>\$34,790</b>                               |

## V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:  
Dee Dee Foremaster, 775 841-2580, Fearlessforemaster@earthlink.net
2. The person directly responsible for on-site supervision of the project, such as a project manager: Dee Dee Foremaster, 775 841-2580, Fearlessforemaster@earthlink.net
3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests: Sandra Coyle, 775-841-2580, Sacoyle@clearwire.net

# RURAL CENTER FOR INDEPENDENT LIVING, INC.

| Business Entity Information |                                 |                       |             |
|-----------------------------|---------------------------------|-----------------------|-------------|
| Status:                     | Active on 10/20/2005            | File Date:            | 8/19/1998   |
| Type:                       | Domestic Non-Profit Corporation | Corp Number:          | C19739-1998 |
| Qualifying State:           | NV                              | List of Officers Due: | 8/31/2007   |
| Managed By:                 |                                 | Expiration Date:      |             |

| Resident Agent Information |                  |                    |                       |
|----------------------------|------------------|--------------------|-----------------------|
| Name:                      | DIANA FOREMASTER | Address 1:         | 411 HOTSPRINGS RD # 4 |
| Address 2:                 |                  | City:              | CARSON CITY           |
| State:                     | NV               | Zip Code:          | 89706                 |
| Phone:                     |                  | Fax:               |                       |
| Email:                     |                  | Mailing Address 1: | PO BOX 3177           |
| Mailing Address 2:         |                  | Mailing City:      | CARSON CITY           |
| Mailing State:             | NV               | Mailing Zip Code:  | 89702                 |

| Financial Information                          |      |
|--|------|
| No Par Share Count:                            | 0    |
| Capital Amount:                                | \$ 0 |
| <b>No stock records found for this company</b> |      |

| Officers                             |              | <input type="checkbox"/> Include Inactive Officers |    |
|--------------------------------------|--------------|--|----|
| <b>Treasurer - DAWN CLEVELAND</b>    |              |  |    |
| Address 1:                           | PO BOX 3177  | Address 2:   |    |
| City:                                | CARSON CITY  | State:   | NV |
| Zip Code:                            | 89702        | Country:   |    |
| Status:                              | Active       | Email:   |    |
| <b>Director - DEE DEE FOREMASTER</b> |              |  |    |
| Address 1:                           | PO BOX 3177  | Address 2:   |    |
| City:                                | CARSON CITY  | State:   | NV |
| Zip Code:                            | 89702        | Country:   |    |
| Status:                              | Active       | Email:   |    |
| <b>President - MICHELLE KASSORLA</b> |              |  |    |
| Address 1:                           | PO BOX 3177  | Address 2:   |    |
| City:                                | CARSON CITY  | State:   | NV |
| Zip Code:                            | 89702        | Country:   |    |
| Status:                              | Active       | Email:   |    |
| <b>Secretary - JULY WRIGHT</b>       |              |  |    |
| Address 1:                           | PO BOX 20344 | Address 2:   |    |
| City:                                | CARSON CITY  | State:   | NV |
| Zip Code:                            | 89702        | Country:   |    |
| Status:                              | Active       | Email:   |    |

| Actions/Amendments         |                           |
|----------------------------|---------------------------|
| Action Type:               | Initial List              |
| Document Number:           | C19739-1998-014           |
| File Date:                 | 08/16/1901                |
| # of Pages:                | 1                         |
| Effective Date:            |                           |
| (No Notes for this action) |                           |
| Action Type:               | Articles of Incorporation |

## Organizational Chart

Dee Dee Foremaster, Director  
Sandy Coyle, Grant Manager  
Andrea Johnson, Administrative Assistant

## Board Members

Terms of Office are one year, January, 2007-December, 2007

|                          |              |
|--------------------------|--------------|
| Michelle Kassorla, Ph.D. | President    |
| Dawn Cleveland           | Treasurer    |
| July Wright              | Secretary    |
| Shirley Moriarity        | Board Member |

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

DEPARTMENT OF THE TREASURY

Date: DEC 16 2003

RURAL CENTER FOR INDEPENDENT  
LIVING INC  
675 FAIRVIEW DR 224  
CARSON CITY, NV 89701-5468

Employer Identification Number:  
88-0389130 ✓

17053312738033

Contact Person:  
ERIC J. BERTHELSEN

Contact Telephone Number:  
(877) 829-5500

Public Charity Status:  
170(b)(1)(A)(vi)

ID# 31323

Dear Applicant,

Our letter dated MAY 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

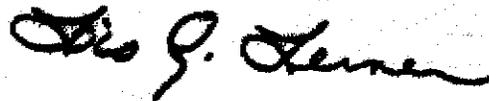
Based on our records and on the information you submitted, we are pleased to inform you that our letter dated JUNE 28, 2003 in which you were presumed to be a private foundation is hereby superseded. You are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Berner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)

**Carson City  
Economic Development & Redevelopment Department  
Community Development Block Grant Program (CDBG)**

**Fiscal Year 2007-2008**

**\*\*\*\*Request for Proposals\*\*\*\***

**WHERE TO  
TURN IN:** CARSON CITY  
ECONOMIC DEVELOPMENT & REDEVELOPMENT DEPARTMENT  
201 NORTH CARSON STREET, SUITE 2  
CARSON CITY, NEVADA 89701

**WHEN:** FEBRUARY 2, 2007, 5:00 P.M.

**DEADLINE:** *The date and hour deadline established is FIRM. Any proposal received AFTER the deadline WILL NOT be considered for funding.*

**APPLICATION COVER SHEET**

1. Name of Agency: Nevada Hispanic Services, Inc. (Carson City)
  2. Project Title: Building A Better Neighborhood Program
  3. Mailing Address: 637 South Stewart Street #B, Carson City, Nevada 89701
  4. Physical Address: 637 South Stewart Street #B, Carson City, Nevada 89701
  5. Agency Director: Raquel Knecht, Executive Director NHS, Carson City, \_\_\_\_\_
  6. Board Chairperson: Vice President: Mary Ann Robinson *Mary Ann Robinson*
- Contact person (see instructions): Yaraseth Lugo, Youth Success Leader, Raquel Knecht E.D.
7. Phone number: 775-885-1055 E-Mail: nhscc@gbis.net Fax: 775-885-7039 \_\_\_\_\_
  8. What is your funding request for FY 2006-2007? \$ 38,880
  - 9.
  10. Type of Grant (Check One):  
 Public Service  
 Economic Development  
 Community Facilities/Improvements  
 Housing Rehabilitation *related \**

9. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

|                           |                              |
|---------------------------|------------------------------|
| Date of incorporation     | June 23 <sup>rd</sup> , 1987 |
| Date of IRS certification | 4-3-2000                     |
| Tax exempt number         | 88-0137317                   |

10. DUNS Number: **80-846-8268**

For information on DUNS, go to: <http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf>

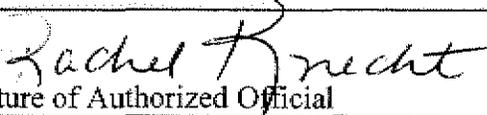
11. Attach the following to each copy of the Proposal for Funding

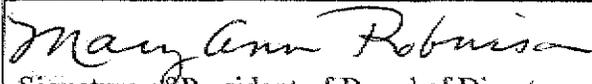
*(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right:  Previous recipient / Information on file*

- a. IRS Tax Exempt "501(c)(3)" letter.
- b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- d. List of 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 CDBG funds (See 24 CFR 570.611).
- e. *For all 501(c)(3) non-profit organizations:* a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

12. Required Certification (see instructions):

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.

|   |                                |
|---|--------------------------------|
| <br>Signature of Authorized Official | Date February 2nd, 2007        |
| <b>Raquel Knecht, Executive Director, Carson City</b><br>Typed Name and Title of Authorized Official                    | 775-721-9484 W<br>Phone Number |

|   |                                |
|---|--------------------------------|
| <br>Signature of President of Board of Directors | Date February 2nd, 2007        |
| <b>Vice President: Mary Ann Robinson</b><br>Typed Name of President of Board of Directors   | 775-333-6088 W<br>Phone Number |

**Carson City**  
**Economic Development & Redevelopment Department**  
**Community Development Block Grant Program (CDBG) Application**

**I. PROJECT DESCRIPTION AND NEEDS ANALYSIS**

HUD has outlined three objectives for the CDBG Program with expected outcomes. When developing your proposal, please adhere to the CDBG Objectives and Outcomes.

| <b>Objectives</b>                      | <b>Outcomes</b>               |
|--|-------------------------------|
| 1. Create suitable living environments | 1. Availability/accessibility |
| 2. Provide decent affordable housing   | 2. Affordability              |
| 3. Create economic opportunities       | 3. Sustainability             |

**A. What is the problem the proposed project is designed to solve?**

Nevada Hispanic Services provides services and support for Youth who desperately need family values and character building guidance. These Youth<sup>1</sup> need to be shown alternative options to gangs, alcohol, drugs and be involved in programs that can occupy their non-school time with purposeful and enjoyable activities.

Carson City has seen a rise in youth gang activity in recent years. As part of the effort to provide alternative options for youth ages 11-18, the Nevada Hispanic Services is proposing the **Building Better Neighborhoods Program**. It is designed to directly address the gap in redirecting vulnerable youth to developing practical skills that enable them to productively contribute to the betterment of their neighborhoods. In support of the Carson City Community Coalition who continue to search for creative and practical programs for Youth, NHSCC is offering a creative solution that expands its existing Youth Success Program with a Community Development focus. The results of the program are visible improvements in targeted low-income neighborhoods as well as proud and skilled Youth who have demonstrated achievement in their own community.

Through **Building a Better Neighborhood**, NHSCC will organize and supervise Youth in a partnership with eligible homeowners in distressed neighborhoods to improve the front facades and landscape of their properties. In doing so, the Youth are exposed to front end aspects of the project such as sound planning, scope control, assessment, budgeting and material acquisition. Through hands on experience and instruction they learn many skills related to renovating building facades, hardscape and landscape, such as horticulture, landscape design, irrigation, preservation, recycling, and so on. They also strengthen their life skills such as responsibility, team work, and leadership. Most importantly they understand the profound contribution they individually make to their community and to their neighborhood property values. The results of this partnership work with homeowners is a very visible, symbolic improvement in the neighborhoods they live in.

---

<sup>1</sup> For the purpose of this document, Youth refers to eligible youth, ages 11 to 18 of all nationalities. The majority of the Youth in the program is likely to be Hispanic but NHSCC would like to open the program to all.

This community development program is a valuable public service. It is a productive alternative to succumbing to the pressures of gangs. The program is based on a "Building and Strengthening" concept. While the Youth learn about the importance of "building" rather than "destroying", they also "rebuild" their neighborhood environment. Building neighborhoods transform at-risk Youth to promising young citizens, with good skills and character. NHSCC believes that others in the target neighborhoods will show interest in participating and cleaning their own front yards. These neighbors will be able to see the investment Carson City and NHSCC is making in Youth and their own blocks. The project will open the program to neighboring Homeowners who express interest in: instruction, hands on workshops, excess materials, and use of equipment.

## **B. Which CDBG objective (listed above) will you be meeting?**

**Suitable Living Environments.** The Building a Better Neighborhood Program focuses on the improvement of residential dwellings in low income neighborhoods. The subject properties are in disrepair, some being arguably unsuitable and unsafe. The program will meet these objectives by looking at the safety, cleanliness, and maintainability of properties selected for the program. It is particularly important to locate the program in neighborhoods where street gangs have marked their territory. This serves to address the issue of boundaries and rid the area of gang markings.

**Economic Opportunity.** Imbedded in the educational and skill development aspects of the program are important developmental plateaus for Youth. While it is important to meet basic instructional milestones, demonstrating the use of the skills provides the most promising step to creating economic opportunities for these vulnerable Youth. They will be introduced to building trades which encourages them to then proceed in careers in the building industry. As the program develops and repeats, NHSCC will enhance the program to devise pathways to obtaining specific trade skills. Youth are incited to remain in the program as well as complete High School, which for Hispanic Youth in our community is a dismal estimated 63% graduation rate. It will create apprentice or internship opportunities from local businesses who need a constant replenishment of entry level workers. After the initial year, NHSCC will seek other funding and sponsorship to sustain and expand the program.

Issues the Program Addresses:

The program is designed to address these priority issues in the community:

- Unsafe and distressed neighborhoods
- Lack of diversion from Youth Street Gangs
- Inadequate leadership opportunities for Youth
- Insufficient skill building options for Youth
- Limited job opportunity for Youth

The underserved are characterized by below acceptable or approved standards of living. The Building A Better Neighborhood Program will help to elevate their living environments by directly changing the neighborhood landscape.

## **C. How is the problem being dealt with at the present time?**

**Improving Neighborhoods.** There is no program providing project, labor and materials to improve properties for homeowners.

**Youth Gang.** There are a number of programs to divert Youth from gang involvement; however these programs have not slowed the increase in Youth Gang activity. Those programs include community led efforts such as the Estilo Car Club, Little Dreamers Dancers, and the various Youth Sports Programs via the recreation center and regional leagues. For our community, these options are simply not enough.

## **D. What is the project or activity you want to undertake to solve the problem?**

The **Building a Better Neighborhood Program** is designed to enable the at-risk Hispanic & Native American Youth to participate actively in improving the conditions of distressed neighborhoods in Carson City. Thus, the partnership between Homeowners, NHSCC and Youth all contribute to the betterment of the Community.

**1. Develop Build A Better Neighborhood Program**

NHSCC will develop the program in collaboration with University of Nevada Cooperative Extension (UNCE) and other Youth agencies to inspire and groom Youth to build their skills, while they help build their neighborhoods. Program Development includes the prototype training objectives, exercises, assembly and/or creation of educational materials. It defines the means to evaluate the progress and development of each program participant. It describes the requirements and activity coordination of organizations, sponsors and community professionals who can provide inspiration to Youth. It also provides the structure for scheduling and planning the lectures and on-site work activities, and coordinating and qualifying the participating Homeowners.

**2. Advertise, Promote and Select Eligible Youth & Properties in Target Neighborhoods**

NHSCC will obtain recommendations for Youth to enter this program from sources such as: school counselors, non-profit Youth agencies, Juvenile Probation, parents and the Sheriff's office. Four (4) target neighborhoods will be selected based on criteria such as the condition of property and level of gang activity. Homeowners will be invited to participate and their eligibility will be based on criteria such as their income level, their labor contribution, and safety condition of the property. Homeowner eligibility will also include legal proof of citizenship, documentation, and validated SS#.

**3. Educate Youth & Neighborhood Homeowners on Benefits of Improving their Property**

NHSCC will work with UNCE to provide an educational program for the Youth and neighborhood Homeowners. The main focus will be on "how creating clean, safe, inviting front yards can increase property values and unite the neighborhood". The educational aspects of the project function to bring together people, and inspire them to help one another improve their neighborhoods, environmentally and socially.

**4. Train Youth in Project Planning, Design and Trade Skills**

Youth Training is the underlying foundation of the program. Integrated with practical skill training, this portion of the program focuses on core skills such as planning, budgeting, designing, estimating, and coordinating the work team. It also provides hands on trade skills in horticulture, land scape, hard scape, and irrigation. It provides a workshop on good design as well as understanding how city code requirements affect design. Other related topics will be discussed such as sanitation, maintenance, and property appreciation.

**5. Train Youth in Community Development**

Through UNCE and NHSCC, the Youth will have exposure to how the community works and relies on public services and facilities. The importance of this practicum is how it elevates their opinion of the available assets of the City to help them ultimately succeed.

**6. Provide Hands on skills training and implementation on site.**

Depending on the budget, 16 subject properties will be worked on in partnership with willing Homeowners who provide some partial funding and labor. The Youth Crews will work with them in several stages to properly plan their project, agree on what can be done within budget, and schedule the work weekend. Youth Crews & Homeowners will be responsible for the acquisition and delivery of materials to the site. Supervision will be provided to Youth Crews as they implement their designs and take hold of their accomplishments.

**7. Evaluate & Quantify property and Neighborhood Improvements, Before and After**

This exercise proves with certainty that their work contributes to the value of the individual properties. It shows that by Homeowners and Youth making visible property improvements, they also influence the value of surrounding properties. We will enlist Real Estate professionals to tour areas of the city where the property values are higher because of how their front facades reflect maintenance and good care.

**8. Provide opportunities for apprenticeship and internships with local Businesses**

Finally, as Youth graduate from this program, they are counseled in careers that are related to the project. A sampling of these are landscape design, building and construction, real estate, city public works. A number of apprenticeship and internships will be arranged to further expose the Youth to similar professional projects. Youth completing the program will be publically recognized and earn a **Building A Better Neighborhood Merit Recognition** from the participating agencies and sponsors.

**E. How will the proposed project solve the problem?**

At-risk Youth can easily fall into gang activity. There are many reasons; but the ones that seem to surface frequently are:

1. Boredom and nothing to do;
2. No worthwhile job opportunities;
3. No presence of parents during non-school hours;
4. Feeling neglected and born into that way of life;
5. No sense of family or anyone that cares;
6. Feeling worthless and unwanted;
7. Feeling that they have NO chance to succeed.

- **Preoccupation and Diversion.** The program spans 4 months. There is a great deal of time required to fulfill the requirements and complete the project. Thus Youth will be involved with the program and will significantly lessen their unsupervised time on the streets.
- **Supervision.** The program will provide a counselor, coach, instructor or a mentor. All aspects of the program will have a responsible leader connecting with the Youth. Youth will not feel neglected when there is presence of a dependable, supportive leader in the program. There are specific aspects of the program that will require parents to participate with their child. We will draw from existing mentor programs in the area as well as provide these resources through NHSCC, Youth agencies, and the Carson City Community Coalition.
- **Proof of Value to Community & to Self.** The program will demonstrate accomplishment and direct value. To Youth who are vulnerable to joining gangs, this project is proof positive that they are important and valuable to the community. It dilutes the stigma that these vulnerable Youth are destructive and can never be rehabilitated. It solves community problems by providing a public service to both prevent and suppress gang activity. It is a welcomed program for parents who have few alternatives, and to many agencies who spend a great deal of time reacting to and rehabilitating troubled Youth. It improves neighborhoods, making them more liveable and focused on community.
- **Increase Chance to Succeed.** The program focuses on equipping Youth with useful knowledge. It provides supervision and incentives to take ownership of a project and see it to completion. They will acquire skills that they can directly develop into careers from and be given the opportunity to apply for internships, apprenticeships, and scholarships. Other incentives will be provided to encourage these Youth to remain in the program.

## **F. How will you know if you have successfully solved the problem?**

**Youth.** The most dramatic change will be evident in Youth in the program who choose not to join street gangs, and alternatively further their interest in the **Construction or Landscape Design** or other related trades that are introduced in the program. The high school graduation rate of these Youth will exceed the current percentage for Hispanics from Carson High School or other secondary education schools in the area. Youth showing leadership will be directly placed with local businesses as interns or apprentices. Others will be eligible to apply for educational scholarships.

**Neighborhood Change.** There will be a noticeable difference in the landscape of the four target neighborhoods. This initial change should influence others Homeowners and Renters to also take advantage of the program. The property values of the target properties will likely increase.

## **G. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?**

Each project will be evaluated based on the classic elements of a project. Each participant will be surveyed based on what skills they have entering the program. At the conclusion of the program, they will be reevaluated for the skills they acquire during the program. Placement statistics with local businesses and scholarship eligibility will also be tracked.

### **Project Evaluation Plan**

Project success metrics will be defined using the Plans, Designs and Budgets as the benchmark.

- ◆ On or below budget
- ◆ On time
- ◆ Work estimates
- ◆ Contingency

### **Individual Contribution to a Project**

- ◆ Training objectives met
- ◆ Demonstration of skills
- ◆ Individual responsibility
- ◆ Demonstration of Leadership

### **Team Evaluation**

- ◆ Demonstrated work skills as team member
- ◆ Supportiveness and back up
- ◆ Cross training/ skills transfer

## **H. How will the CDBG funds be used on this project?**

The CDBG funds will be used:

- ◆ to develop the Building A Better Neighborhood Program
- ◆ to provide Youth Crew supervision
- ◆ to provide hands-on practice, specific instruction
- ◆ to fund on-site project work to improve 16 subject properties

- ◆ to divert 48 Youths from gang activity
- ◆ to recognize Youth who complete the program

**I. What will you do to solve the problem if the proposed project is not funded by CDBG?**

NHSCC will simply continue to support the Community Coalition on Youth and Carson City Community Coalition with its existing endeavors.

**J. Where will the project be located and what is the geographic target area that will be served by this project?**

**X Target Area (specify geographic area)** \_\_\_\_\_

The program will be held in various locations, specifically:

- ◆ 4 targeted low income neighborhoods, where territorial gang activity has been recorded, E.g Lompa Street Gang.

**X Community Wide**

- ◆ UNCE Offices and NHSCC agency office – for planning, educational, instruction
- ◆ Building Equipment Supply Centers – such as Lowes and Home Depot
- ◆ Landscape Supply Centers – Greenhouse Garden Center
- ◆ Sample Neighborhoods- various, to demonstrate good design and maintenance practices.

*For Capital (Public) Improvement Projects only (NOT APPLICABLE)*

**K. Is the proposed project part of a larger project or is it a stand-alone project?**

1. If part of a larger project, please describe the entire project.
2. **Can this project be done in different phases?** \_\_\_\_\_ Yes \_\_\_\_\_ X No  
If YES, explain.
3. Have CDBG funds been used for an earlier phase? \_\_\_\_\_ Yes \_\_\_\_\_ X No

**L. Ownership Information**

1. Who currently holds title to the property involved?  
**Property Homeowners, Qualifying with citizenship, SS#**
2. In whom will title be vested upon completion?  
**Property Homeowners**
3. Do any rights-of-way, easements or other access rights need to be acquired?  
\_\_\_\_\_ Yes \_\_\_\_\_ X No NA

If the project requires water rights or well permits, have they been acquired?  
\_\_\_\_\_ Yes \_\_\_\_\_ X No NA

## II. PROJECT MEASUREMENT

The Carson City CDBG Program, in compliance with Department of Housing & Urban Development (HUD) directives, is implementing Performance Measures into the application and grant/project administration process. When completing this section, keep in mind that *outputs* are the products or activities of program implementation (such as numbers of clients served) and *outcomes* are the benefits or changes that result from the program (how well the service met the user needs).

1. Please identify the quantifiable, projected **outputs** of this program/project.

**Project Evaluation Plan:** A pre-program evaluation will be conducted and at the conclusion of the program, a post program evaluation will also be conducted. The recommendations and results will determine drive the future improvements of Building A Better Neighborhood. The initial Program Evaluation will consist of tactical accomplishments as well as quantitatively and qualitatively measure the results as follows:

|  |  |
|--|--|
| Number of skills Acquired by Youth participant   | % of total objective                                       |
| Attendance and level of participation in program   | % of sessions  |
| Number of demonstrated skills in On site Project   | % of skills demo   |
| Number of Youth surveyed who avoided Gang activity during the program  | #/ total participants                                      |
| Number of Youth surveyed who converted away from Gang  | # of total participants                                    |
| Number of Youth who remain/graduate from school  | # of total participants                                    |
| Number of Youth who plan to continue on with related skills learned from the program                                     | # of total participants                                    |
| Number of subject properties improved as a result of the program.  | # of planned projects completed                            |
| Neighborhood Influence- number of other projects started as a result of the Program support and neighborhood involvement | # of unplanned projects in surrounding target neighborhood |

2. Please quantify the **total** number of persons intended to benefit from program/project output.

|                        |         |
|------------------------|---------|
| Homeowners             | 16      |
| Surrounding Homeowners | 32      |
| Youth Crews            | 4 /crew |
| Youths                 | 48      |

3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?

- o 100%

4. **Please identify the quantifiable, projected outcome of this program/project. (How will the outputs benefit the total number of persons in Question 2, above?)**

Each of the homeowners will be given the opportunity to improve their living environment through this project. The program will evaluate the increase in property value as a result of this project by RE professionals or appraisers.

Each Youth participant will be given multiple opportunities to acquire and demonstrate skills. Each will be assigned to 1-4 projects. The program will measure whether the combination of supervision, incentives, program materials, practical skills and experiences will inspire them to a) graduate (> 80%); b) stay in the program (>80 %); c) seek jobs as a result of the program (>50%); d) proceed on to college (>25%).

5. **Please list the name, address, phone number and e-mail of the person responsible to track the performance measurement on this program/project.**

Yaraseth Lugo, Youth Success Program Manager, NHSCC@gbis.net

775-885-1055

637 South Stewart Street #B

Carson City, Nevada 89701

Raquel Knecht, Director NHSCC, Carson City,

775-885-1055

637 South Stewart Street #B

Carson City, Nevada 89701

### III. GOALS AND OBJECTIVES

A. Mark all of the following Carson City goals that apply to this project:

1. Project has been identified as part of the local planning process.  
 2. Project addresses a problem that poses a health or safety concern in the community.

B. If your project is designed to serve a limited clientele, please indicate the population you will be serving with your project:

- Abused Children       Illiterate Persons       Homeless Persons  
 Battered Spouses       Elderly       Severely Disabled Adults  
 Migrant Farm Workers       Other (Please explain) Vulnerable Youth Gang, at Risk Youth

C. If your project will not be serving one of the above categories, explain (a) how you will document client income and (b) how you will document that at least 51% of your clientele will be low-to-moderate income:

Each Homeowner will be required to supply income eligibility. All Youth entering the program will fall in the LMI category. NHSCC tracks all types of requests, and profiles each case accordingly, noting economic level, age, and, other limitations.

D. How many unduplicated persons/households will benefit from this project?

48 Youths in one year or program cycle.

E. What level of benefit will each person receive?

There are 3 major benefits for each at-risk Youth: diversion from gang activity, education, and practical skills.

F. For economic development projects: (a) identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

Related Benefit. When successfully graduated from the program, each Youth will be placed with internship opportunities and/or work options with several local businesses, teaching institutions, or other volunteer opportunities to further advance their skills and experiences. If they are graduating, the program will assist with job placement.

G. For housing projects, please indicate:

The number of homes to be rehabilitated: 16

The number of persons to be benefited: 48, assuming 3 per household

## IV. CDBG PROJECT BUDGET

Itemize only those portions of the project and administrative costs that will be paid from CDBG funds as shown on the Project Cost Schedule. The total for this budget schedule must equal the total CDBG request for this project.

| Project Title: <b>Building A Better Neighborhood Project</b>  | FY 2007-08<br>Total Budget | FY 2007-08<br>Proposed<br>CDBG Request | FY 2007-08<br>All<br>Other Funding<br>Sources |
|---|----------------------------|--|---|
| <b>Program Expenses</b>   |                            |  |   |
| Instruction, Supervision<br>Salaries and Benefits   | \$16,080                   | 16,080                                 | In Kind -Horticulture<br>Education UNCE       |
| Rent and Utilities  | 1,000                      | 0                                      | NHSCC and UNCE, In<br>Kind                    |
| Mortgage  | 0                          | 0                                      |   |
| Equipment   | 1,500                      | 1500                                   | Builder's Association                         |
| Equipment Maintenance & Repair  | 200                        | 0                                      |   |
| Office Supplies   | 400                        | 200                                    | UNCE Match                                    |
| Operating Supplies  | 400                        | 400                                    | UNCE Match                                    |
| Postage and Shipping  | 600                        | 0                                      |   |
| Printing and Publications   | 1,000                      | 500                                    | UNCE Match                                    |
| Advertising and Promotion   | 400                        | 200                                    | UNCE Match                                    |
| Subscriptions and Dues  | 0                          | 0                                      |   |
| Liability/Other Insurance   | 1500                       | 0                                      |   |
|   | <b>\$23,080.00</b>         | <b>\$18,880</b>                        |   |
| <b>Other project costs: (Specify Below)</b>   |                            |  |   |
| Program Training Course Development<br>Field Content Development<br>Site Work Practicum<br>Translation (bi-lingual) (2) | 3000                       | 3000                                   |   |
| Youth Incentive Materials, Equipment  | 5000                       | 5000                                   | In-kind from Local<br>Businesses              |
| Equipment and use of Youth Transportation Van   | 1500                       | 1500                                   |   |
| Material Allowance 16 properties <sup>2</sup>   | 10,000                     | 10000                                  | 4000 In kind                                  |
| Train the Volunteers and Community Agencies<br>and Leaders  | 1,000                      | 500                                    | UNCE  |
|   | \$20,500                   | \$20,000                               |   |
| <b>TOTAL</b>  | <b>\$43,580.00</b>         | <b>\$38,880.00</b>                     | <b>\$4,700</b>                                |

<sup>2</sup> Translation is a required element for certain components, especially for Homeowners who are not bi-lingual.

<sup>3</sup> Each subject property will be given \$625 of material allowance; the Youth are encouraged to negotiate with Suppliers for materials at cost. The allowance for materials is intentionally small to allow the projects to be performed over a single weekend and keep a tight scope.



## V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:

Raquel Knecht, Executive Director NHSCC, Carson City,

775-885-1055

637 South Stewart Street #B

Carson City, Nevada 89701

2. The person directly responsible for on-site supervision of the project, such as a project manager:

Yaraseth Lugo, Youth Success Program Leader

775-885-1055

637 South Stewart Street #B

Carson City, Nevada 89701

3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests:

Raquel Knecht, Executive Director NHSCC, Carson City,

775-885-1055

637 South Stewart Street #B

Carson City, Nevada 89701

**APPENDIX I**

**CARSON CITY  
OFFICE OF ECONOMIC DEVELOPMENT & REDEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**SUBRECIPIENT QUESTIONNAIRE**

*(To be completed only in cases where applicant will contract for services with an additional party)*

SUBRECIPIENT NAME: \_\_\_\_\_

SUBRECIPIENT ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

CDBG CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

FISCAL CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

AUDIT CONTACT PERSON (if different than fiscal contact person): \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_

SUBRECIPIENT FISCAL YEAR END: \_\_\_\_\_

## APPENDIX II

### INDEX OF ATTACHMENTS

**Required Attachments:** The required attachments as described on Page 2 are listed below. 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.

| Attachment Number | Attachment Description  | Application Page / Section Referenced | Attachment Included (✓) |
|-------------------|---|---------------------------------------|-------------------------|
| 1                 | IRS Tax Exempt "501(c)(3) letter  | Page 2                                |                         |
| 2                 | Proof of incorporation from Secretary of State (Certificate Only)                             | Page 2                                |                         |
| 3                 | Current Organization Chart with names of staff members  | Page 2                                |                         |
| 4                 | Current Board of Directors and terms of office  | Page 2                                |                         |
| 5                 | <i>501(c)(3) non-profits</i> : Copy of the most recent Federal Tax Return (Form 990 or 990EX) | Page 2                                |                         |
| 6                 |   |                                       |                         |
| 7                 |   |                                       |                         |
| 8                 |   |                                       |                         |
| 9                 |   |                                       |                         |
| 10                |   |                                       |                         |
| 11                |   |                                       |                         |
| 12                |   |                                       |                         |
| 13                |   |                                       |                         |
| 14                |   |                                       |                         |
| 15                |   |                                       |                         |

**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** April 3, 2000

**Person to Contact:**

Ms. Regina Parker 31-03074  
Customer Service Representative

**Toll Free Telephone Number:**

8:00 a.m. to 9:30 p.m. EST  
877-829-5500

**Fax Number:**

513-263-3756

**Federal Identification Number:**

88-0137317

Nevada Hispanic Services, Inc.  
3905 Neil Rd.  
Reno, NV 89502-6808

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in February 1977 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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

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

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

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

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

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

Nevada Hispanic Services, Inc.  
88-0137317

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

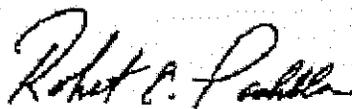
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

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

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

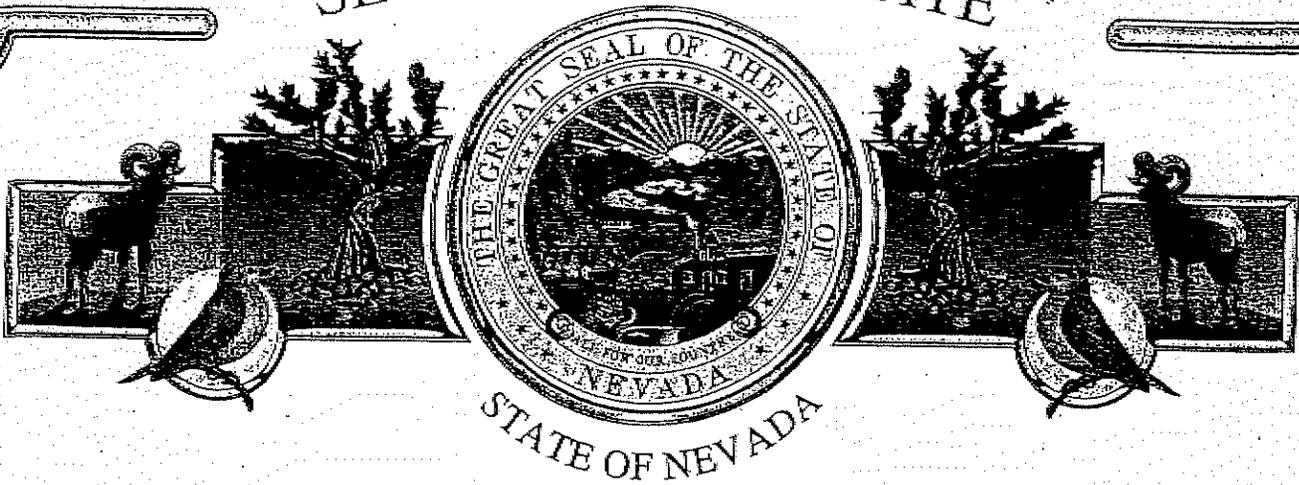
This letter affirms your organization's exempt status.

Sincerely,



Robert C. Padilla  
Manager, Customer Service

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NEVADA HISPANIC SERVICES, INCORPORATED**, as a non profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 26, 1975, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 6, 1997.



*Dean Heller*

Secretary of State

By

*Conrad*

Certification Clerk



STATE OF NEVADA  
DEPARTMENT OF TAXATION

1550 E. College Parkway  
Suite 115  
Carson City, Nevada 89706-7937

Phone: (775) 687-4820 • Fax: (775) 687-5981  
In-State Toll Free: 800-992-0900

Web Site: <http://tax.state.nv.us>

KENNY C. GUINN  
Governor

CHARLES E. CHINNOCK  
Executive Director

September 30, 2002

NEVADA HISPANIC SERVICES INC  
3905 NEIL ROAD #2  
RENO NV 89502

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

RENO OFFICE  
4600 Ketzka Lane  
Building O, Suite 263  
Reno, Nevada 89502  
Phone: (775) 688-1295  
Fax: (775) 688-1303

Account Number: RCE-003-237

Exp date: September 30, 2007

Pursuant to NRS 372.326 and related statutes, NEVADA HISPANIC SERVICES INC has been granted sales/use tax exempt status as an educational organization. Direct purchases of tangible personal property made by NEVADA HISPANIC SERVICES INC are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

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

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

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

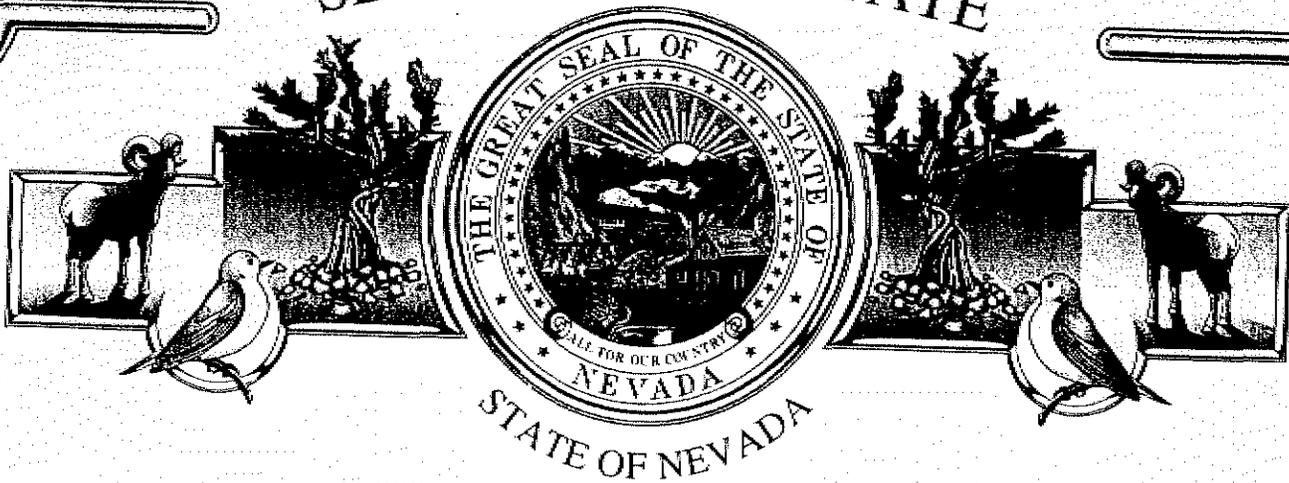
Any vendor having questions concerning the use of this sales/use tax exemption letter may contact the Department at one of the district offices listed above.

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

Sincerely,

*Gilda Fleischman for*  
Richard Reed, Tax Administrator I  
Compliance Division, Carson City District

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NEVADA HISPANIC SERVICES, INCORPORATED**, as a non profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 26, 1975, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 6, 1997.



*Dean Heller*

Secretary of State

By

*Donna D. D. D.*

Certification Clerk



STATE OF NEVADA  
DEPARTMENT OF TAXATION

1550 E. College Parkway  
Suite 115  
Carson City, Nevada 89706-7937

Phone: (775) 687-4820 - Fax: (775) 687-5981  
In-State Toll Free: 800-992-0900

Web Site: <http://tax.state.nv.us>

LAS VEGAS OFFICE

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

RENO OFFICE

4600 Kelzke Lane  
Building O, Suite 263  
Reno, Nevada 89502  
Phone: (775) 688-1295  
Fax: (775) 688-1303

KENNY C. GUINN  
Governor

CHARLES E. CHINNOCK  
Executive Director

September 30, 2002

NEVADA HISPANIC SERVICES INC  
3905 NEIL ROAD #2  
RENO NV 89502

Account Number: RCE-003-237

Exp date: September 30, 2007

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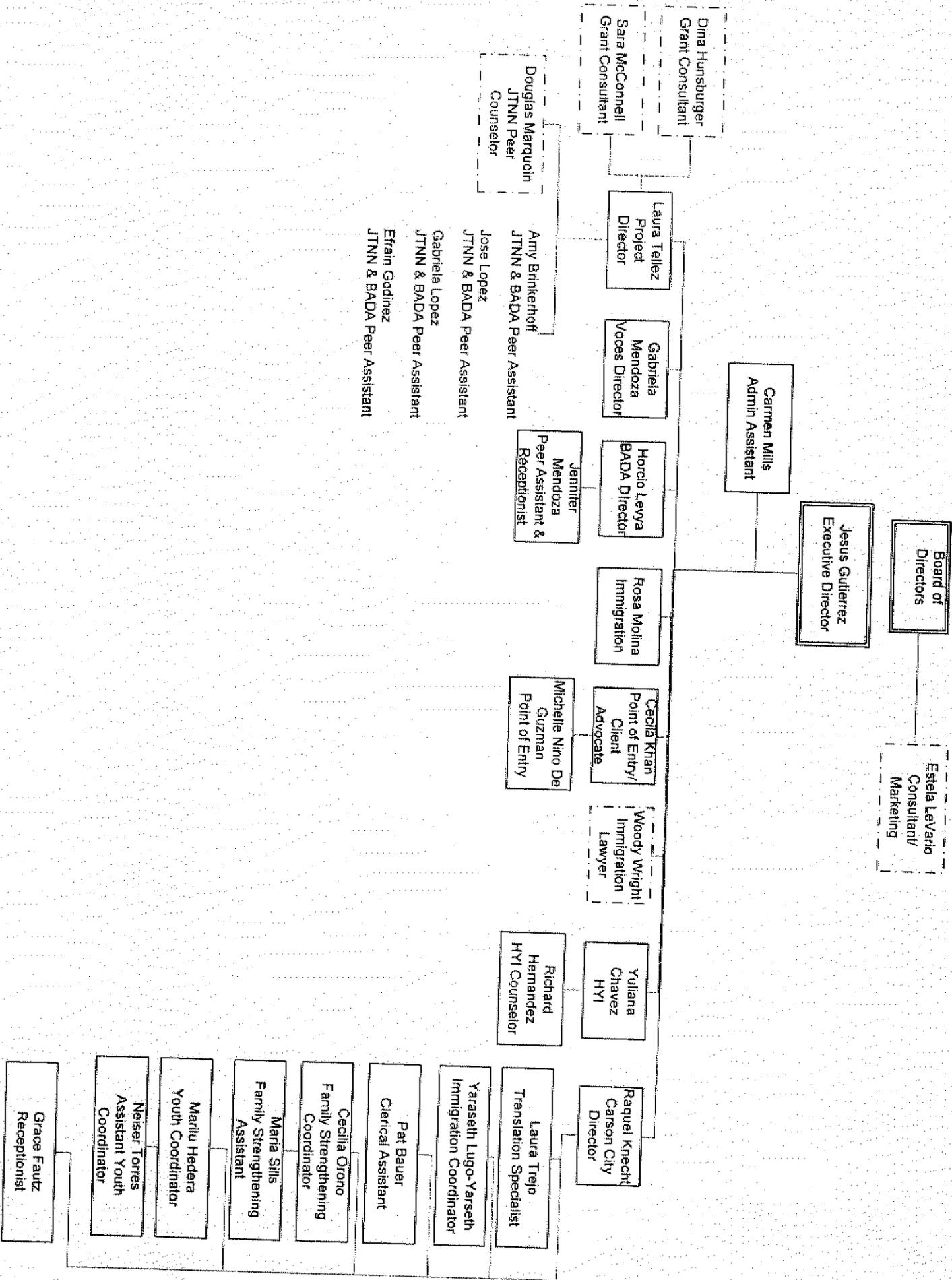
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Sincerely,

*Richard Reed*  
Richard Reed, Tax Administrator I  
Compliance Division, Carson City District

# Nevada Hispanic Service

Non-profit Organization





Leading · Helping · Caring

3905 Neil Road, Suite 2  
Reno, NV 89502  
Phone: 775.826.1818  
Fax: 775.826.1819

## NEVADA HISPANIC SERVICES BOARD MEMBERS

President:

**Eloy Ituarte, M.D.** (Term ends 08-2008)

Veterans' Hospital  
P.O. Box 5421  
Reno, NV 89513  
(775) 560-1844 C  
(775) 747-1820 H  
(775) 786-7200 W  
[eimb@intercomm.com](mailto:eimb@intercomm.com)

Vice President:

**Mary Ann Robinson** (Term ends 08-2007)

**ESL/FL Coordinator**  
Washoe County School District  
3894 Vistacrest Dr.  
Reno, NV 89509  
(775) 322-9071 H  
(775) 333-6088  
(775) 224-2953 C  
[mrobinson@washoe.k12.nv.us](mailto:mrobinson@washoe.k12.nv.us)

Secretary:

**Brenda Carrera** (Term ends 08-2008)

**Washoe County Juvenile Services**  
1758 "C" Street  
Sparks, NV 89431  
(775) 848-6563 Cell/Home  
(775) 325-7844 W  
[bcarrera@mail.co.washoe.nv.us](mailto:bcarrera@mail.co.washoe.nv.us)

Treasurer:

**Nestor Santamaria** (Term ends 08-2008)

**Wells Fargo Mortgage**  
6152 MaeAnne Ave # 2.  
Reno NV 89523  
(775) 351-9799 Cell/Home  
(775) 326-9520 W  
[nestor.santamaria@wellsfargo.com](mailto:nestor.santamaria@wellsfargo.com)

**Isabel Bacigalupi** (\*Term ends 08-2008)

**American Family Insurance**  
175 Demonte, Grand Parkway  
Reno, NV 89502  
(775) 827-9654 H  
(775) 853-6583 W  
(775) 853-6584 C  
[ibacigal@amfam.com](mailto:ibacigal@amfam.com)

**Paul Dugan, Superintendent**

(Term ends 08-2007)

Washoe Co. School District  
425 East Ninth Street  
P.O. Box 30425  
Reno, NV 89520-3425  
(775) 348-0374 W  
(775) 853-9242 H  
[pdugan@washoe.k12.nv.us](mailto:pdugan@washoe.k12.nv.us)

**Kevin Quint**

(Term ends 08-2008)

**Join Together Northern Nevada**  
1325 Airmotive Way # 325  
Reno NV 89502  
(775) 423-3023 H  
(775) 324-7557 (775) 324-6991 Fax  
[kquint@jtnn.org](mailto:kquint@jtnn.org)

The Heartbeat of the Hispanic Community



UNITED WAY



Leading · Helping · Caring

3905 Neil Road, Suite 2  
Reno, NV 89502  
Phone: 775.826.1818  
Fax: 775.826.1819

## Nevada Hispanic Services Board of Directors (continued)

**Maury Centeno** (Term ends 08-2008)  
**US Bank**  
301 Vassar Street  
Reno NV 89502  
(775) 848-4092 C  
(775) 688-3575 W  
(775) 786-4100 H  
[maurycenteno@charter.net](mailto:maurycenteno@charter.net)

**Eduardo Reyes** (Term ends 08-2008)  
**Microsoft Licensing, GP**  
(775) 823-5697 W  
6100 Neil Road  
Reno, NV 89502  
[edreyes@microsoft.com](mailto:edreyes@microsoft.com)

**Diego (James) Martin** (Term ends 08-2008)  
**Retired USA – State of Nevada**  
**Civil Rights LULAC**  
P.O. Box 57  
Sparks, NV 89432-0057  
(775) 324-5533 CELL/HOME/WORK  
[jmtt@att.net](mailto:jmtt@att.net)

**Jowel C Laguerre Ph.D.**  
(Terms ends 02-2009)  
**Truckee Meadows Community College**  
7000 Dandini BLVD Reno NV  
Reno Nevada 89512  
775-673-7090 OFFICE  
775-624-6930 HOME  
[jlaggerre@tmcc.edu](mailto:jlaggerre@tmcc.edu)

**Linda JOJO Armijo** (Terms ends 02-2009)  
**Federal Government Office of  
Congressman Jim Gibbons**  
**Congressional Office**  
400 S Virginia  
Unit 502  
Reno Nevada 89501  
775-825-0123  
775-762-1156  
775-853-1311  
[jojo.armijo@house.mail.gov](mailto:jojo.armijo@house.mail.gov)

**Liz Florez** (Terms ends 07-2009)  
**Washoe County Dept of Juvenile Services**  
650 Ferrari-Mclead  
PO Box 11130  
Reno NV 89520  
775-325-7918 O  
775-787-8367 H  
[eflorez@washoecounty.us](mailto:eflorez@washoecounty.us)

**Vito de la Cruz** (Term Ends 02-2009)  
**Federal Public Defender, District of Nevada**  
201 W. Liberty St. #102  
Reno, NV. 89501  
775-784-5626  
e-mail [vito\\_de\\_la\\_cruz@fd.org](mailto:vito_de_la_cruz@fd.org)





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Leading - Helping - Caring

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**Nevada Hispanic  
Services Board of  
Directors (continued)**

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Nevada Hispanic Services Budget  
By Location  
For the year ended June 30, 2007

| Acct.                                 | Reno Budget         | Carson Total         | NHS Total           |
|---------------------------------------|---------------------|----------------------|---------------------|
| 41000 Annual Corporate Sponsorships   | \$ 44,800           | \$ 19,200            | \$ 64,000           |
| 41200 Grants                          | 577,657             | 97,846               | 675,503             |
| 41400 Fee for Service                 | 57,350              | 18,060               | 75,410              |
| 41600 Scholarship Income - Restricted | 4,500               | -                    | 4,500               |
| 41800 Event Sponsorship Income        | 112,000             | 20,500               | 132,500             |
| 41850 Event Booth Income              | 47,400              | 4,000                | 51,400              |
| 42000 Miscellaneous Income            | -                   | -                    | -                   |
| 42500 Interest Income                 | -                   | -                    | -                   |
| 43000 Other Income                    | -                   | -                    | -                   |
| <b>Total Revenue</b>                  | <b>843,707</b>      | <b>159,606</b>       | <b>1,003,313</b>    |
| <b>Total Other Expense</b>            | <b>-</b>            | <b>-</b>             | <b>-</b>            |
| 77500 Wages Expense                   | 367,240             | 105,231              | 472,471             |
| Payroll Benefits Expense              | 25,233              | 9,272                | 34,505              |
| <b>Total Personnel Expenses</b>       | <b>392,473</b>      | <b>114,503</b>       | <b>506,976</b>      |
| 62500 Accounting Fees                 | 53,000              | -                    | 53,000              |
| 62600 Legal Fees                      | -                   | -                    | -                   |
| 62700 Program Consultant              | 141,838             | 1,040                | 142,878             |
| 62800 Computer Consultant Fees        | 566                 | -                    | 566                 |
| 62900 Legal Program Consultant        | 37,882              | 9,188                | 47,069              |
| 63000 Other Professional Fees         | 5,000               | 438                  | 5,438               |
| <b>Total Consultant</b>               | <b>238,286</b>      | <b>10,666</b>        | <b>248,951</b>      |
| 60100 Grant and Allocation Expense    | -                   | -                    | -                   |
| 60500 Assistance to Individuals       | -                   | -                    | -                   |
| 66000 Supplies Expense                | 14,560              | -                    | 14,560              |
| Office Supplies                       | 2,400               | 1,960                | 4,360               |
| 66100 Incentives Expense              | 2,600               | 1,300                | 3,900               |
| 66200 Nutritional Snacks Expense      | 3,682               | 725                  | 4,407               |
| 66300 Other Program Expenses          | 14,092              | 1,665                | 15,757              |
| 69000 Printing Expense                | 13,523              | 1,400                | 14,923              |
| <b>Total Operating &amp; Supplies</b> | <b>50,857</b>       | <b>7,050</b>         | <b>57,907</b>       |
| 70000 Travel Expense                  | 3,256               | 164                  | 3,420               |
| 70500 Conferences Expense             | 1,630               | 1,221                | 2,851               |
| 71500 Meetings Expense                | -                   | -                    | -                   |
| <b>Training</b>                       | <b>4,886</b>        | <b>1,385</b>         | <b>6,271</b>        |
| 71000 Local Travel Expense            | 10,453              | 1,650                | 12,103              |
| <b>Total Travel</b>                   | <b>10,453</b>       | <b>1,650</b>         | <b>12,103</b>       |
| 60100 Grant and Allocation Expense    | 0                   | -                    | 0                   |
| 64000 Licenses & Permits              | -                   | -                    | -                   |
| 67000 Postage Expense                 | 500                 | -                    | 500                 |
| 68000 Equipment Rental Expense        | 7,679               | 2,566                | 10,245              |
| 72500 Deprecation Expense             | -                   | -                    | -                   |
| 73000 Bank Charges                    | -                   | -                    | -                   |
| 73500 Insurance Expense               | 7,507               | 250                  | 7,757               |
| 74000 Finance charges                 | -                   | -                    | -                   |
| 77600 Office Rent Expense             | 11,389              | 2,400                | 13,989              |
| 77800 Telephone Expense               | 4,200               | 800                  | 5,000               |
| 89000 Other Expense                   | 400                 | 528                  | 928                 |
| <b>Total Indirect Cost</b>            | <b>31,875</b>       | <b>6,544</b>         | <b>38,419</b>       |
| 66400 Event Expense                   | 93,000              | 21,600               | 114,600             |
| <b>Total Event Expenses</b>           | <b>93,000</b>       | <b>21,600</b>        | <b>114,600</b>      |
| 66500 Scholarship Expense             | 8,000               | -                    | 8,000               |
| <b>Total Scholarships</b>             | <b>8,000</b>        | <b>-</b>             | <b>8,000</b>        |
| <b>Total Cost</b>                     | <b>829,830</b>      | <b>163,397</b>       | <b>993,227</b>      |
| <b>Net Income</b>                     | <b>\$ 13,877.46</b> | <b>\$ (3,791.20)</b> | <b>\$ 10,086.26</b> |

Board Approved 10/19/2006

**NEVADA HISPANIC SERVICES BUDGET**

FY 07-01-05 - 06/30-06

|                                 | NHS Reno       | NHS Carson     | TOTAL<br>NHS, Inc. |
|---------------------------------|----------------|----------------|--------------------|
| <b>INCOME</b>                   |                |                |                    |
| Unrestricted Donations          | 67,902         | 13,895         | 81,797             |
| Restricted Donations            | 84,398         | 63,603         | 148,001            |
| Scholarship Donations           | 17,579         | -              | 17,579             |
| Event Income                    | 134,350        | -              | 134,350            |
| Fees for Service                | 49,860         | 22,068         | 71,928             |
| Grants                          | 369,949        | 62,021         | 431,970            |
| In-Kind Contributions           | 62,150         | -              | 62,150             |
| Interest Income                 | 18             | -              | 18                 |
| <b>Total Income</b>             | <b>786,206</b> | <b>161,587</b> | <b>947,793</b>     |
| <b>EXPENSES</b>                 |                |                |                    |
| Advertising/Marketing           | -              | 500            | 500                |
| Advertising/Marketing (In-Kind) | 30,000         | -              | 30,000             |
| Conference                      | 5,485          | 6,212          | 11,697             |
| Contributions                   | -              | -              | -                  |
| Dues & Fees                     | -              | -              | -                  |
| Event Expense                   | 79,959         | 7,209          | 87,168             |
| Event Expense (In-Kind)         | 12,150         | -              | 12,150             |
| Equipment Lease 6889 & 2510     | 6,889          | 2,510          | 9,399              |
| Equipment Purchase              | -              | -              | -                  |
| Maintenance/Repairs             | -              | 2,000          | 2,000              |
| Rent                            | 7,471          | 2,700          | 10,171             |
| Telephone                       | 4,609          | 3,844          | 8,453              |
| Indirect: Other                 | 33,113         | 100            | 33,213             |
| Insurance                       | 16,187         | 100            | 16,287             |
| Office Supplies                 | 3,800          | 1,200          | 5,000              |
| Payroll Expense                 | 364,541        | 103,105        | 467,646            |
| Payroll Taxes                   | 31,222         | 8,919          | 40,141             |
| Fringe                          | 23,075         | -              | 23,075             |
| Professional Fees               | 51,467         | 6,569          | 58,036             |
| Program Expense                 | 42,174         | 13,222         | 55,396             |
| Scholarship                     | 17,579         | 500            | 18,079             |
| Local Travel                    | 7,125          | 3,225          | 10,350             |
| Allocated Indirect              | -              | -              | -                  |
| <b>Total Expenses</b>           | <b>736,846</b> | <b>161,915</b> | <b>898,761</b>     |
| Income over(under) expenses     | 49,360         | (328)          | 49,032             |
| Transfers                       | (328)          | 328            | -                  |
| <b>Net Income</b>               | <b>49,032</b>  | <b>-</b>       | <b>49,032</b>      |

**Return of Organization Exempt From Income Tax**

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

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning** JUL 1, 2004 **and ending** JUN 30, 2005

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

**C Name of organization**  
**NEVADA HISPANIC SERVICES, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) **3905 NEIL ROAD**  
 City or town, state or country, and ZIP + 4 **RENO, NV 89502**

**D Employer identification number**  
**88-0137317**

**E Telephone number**  
**775-826-1818**

**F Accounting method:**  Cash  Accrual  
 Other (specify):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates:   
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** N/A

**J Organization type** (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**I** Group Exemption Number:   
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,209,181.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

|  |  |                |          |            |  |
|--|--|----------------|----------|------------|--|
| <b>1</b> Contributions, gifts, grants, and similar amounts received: |  |                |          |            |  |
| <b>a</b>   | Direct public support  | <b>1a</b>      | 241,095. |            |  |
| <b>b</b>   | Indirect public support  | <b>1b</b>      | 240,830. |            |  |
| <b>c</b>   | Government contributions (grants)  | <b>1c</b>      | 727,227. |            |  |
| <b>d</b>   | Total (add lines 1a through 1c) (cash \$ <u>1,184,072.</u> noncash \$ <u>25,080.</u> )                             | <b>1d</b>      |          | 1,209,152. |  |
| <b>2</b>   | Program service revenue including government fees and contracts (from Part VII, line 93)                           | <b>2</b>       |          |            |  |
| <b>3</b>   | Membership dues and assessments  | <b>3</b>       |          |            |  |
| <b>4</b>   | Interest on savings and temporary cash investments   | <b>4</b>       |          | 29.        |  |
| <b>5</b>   | Dividends and interest from securities   | <b>5</b>       |          |            |  |
| <b>6a</b>  | Gross rents  | <b>6a</b>      |          |            |  |
| <b>b</b>   | Less: rental expenses  | <b>6b</b>      |          |            |  |
| <b>c</b>   | Net rental income or (loss) (subtract line 6b from line 6a)  | <b>6c</b>      |          |            |  |
| <b>7</b>   | Other investment income (describe <input type="checkbox"/> )   | <b>7</b>       |          |            |  |
| <b>8a</b>  | Gross amount from sales of assets other than inventory   | (A) Securities |          | (B) Other  |  |
| <b>b</b>   | Less: cost or other basis and sales expenses   | <b>8a</b>      |          |            |  |
| <b>c</b>   | Gain or (loss) (attach schedule)   | <b>8b</b>      |          |            |  |
| <b>d</b>   | Net gain or (loss) (combine line 8c, columns (A) and (B))  | <b>8c</b>      |          |            |  |
| <b>9</b>   | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | <b>9c</b>      |          |            |  |
| <b>a</b>   | Gross revenue (not including \$ _____ of contributions reported on line 1a)  | <b>9a</b>      |          |            |  |
| <b>b</b>   | Less: direct expenses other than fundraising expenses  | <b>9b</b>      |          |            |  |
| <b>c</b>   | Net income or (loss) from special events (subtract line 9b from line 9a)   | <b>9c</b>      |          |            |  |
| <b>10a</b>   | Gross sales of inventory, less returns and allowances  | <b>10a</b>     |          |            |  |
| <b>b</b>   | Less: cost of goods sold   | <b>10b</b>     |          |            |  |
| <b>c</b>   | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)                 | <b>10c</b>     |          |            |  |
| <b>11</b>  | Other revenue (from Part VII, line 103)  | <b>11</b>      |          |            |  |
| <b>12</b>  | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)   | <b>12</b>      |          | 1,209,181. |  |
| <b>13</b>  | Program services (from line 44, column (B))  | <b>13</b>      |          | 1,003,673. |  |
| <b>14</b>  | Management and general (from line 44, column (C))  | <b>14</b>      |          | 207,762.   |  |
| <b>15</b>  | Fundraising (from line 44, column (D))   | <b>15</b>      |          |            |  |
| <b>16</b>  | Payments to affiliates (attach schedule)   | <b>16</b>      |          |            |  |
| <b>17</b>  | Total expenses (add lines 16 and 44, column (A))   | <b>17</b>      |          | 1,211,435. |  |
| <b>18</b>  | Excess or (deficit) for the year (subtract line 17 from line 12)   | <b>18</b>      |          | <2,254.>   |  |
| <b>19</b>  | Net assets or fund balances at beginning of year (from line 73, column (A))  | <b>19</b>      |          | <9,007.>   |  |
| <b>20</b>  | Other changes in net assets or fund balances (attach explanation)  | <b>20</b>      |          | 0.         |  |
| <b>21</b>  | Net assets or fund balances at end of year (combine lines 18, 19, and 20)  | <b>21</b>      |          | <11,261.>  |  |

NEVADA HISPANIC SERVICES, INC.

88-0137317

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6a, 8b, 9b, 10b, or 16 of Part I.

|   | (A) Total  | (B) Program services | (C) Management and general | (D) Fundraising |
|---|------------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (attach schedule)<br>(cash \$ 12,000 - noncash \$ )   | 12,000.    | 12,000.              | STATEMENT 4                |                 |
| 23 Specific assistance to individuals (attach schedule)   |            |                      |                            |                 |
| 24 Benefits paid to or for members (attach schedule)  |            |                      |                            |                 |
| 25 Compensation of officers, directors, etc.  | 58,781.    | 0.                   | 58,781.                    | 0.              |
| 26 Other salaries and wages   | 455,275.   | 452,107.             | 3,168.                     |                 |
| 27 Pension plan contributions   |            |                      |                            |                 |
| 28 Other employee benefits  | 10,941.    | 6,567.               | 4,374.                     |                 |
| 29 Payroll taxes  | 52,186.    | 35,252.              | 16,934.                    |                 |
| 30 Professional fundraising fees  |            |                      |                            |                 |
| 31 Accounting fees  | 30,029.    |                      | 30,029.                    |                 |
| 32 Legal fees   |            |                      |                            |                 |
| 33 Supplies   | 141,822.   | 133,739.             | 8,083.                     |                 |
| 34 Telephone  | 9,726.     | 4,168.               | 5,558.                     |                 |
| 35 Postage and shipping   | 2,694.     | 2,123.               | 571.                       |                 |
| 36 Occupancy  | 12,928.    | 7,294.               | 5,634.                     |                 |
| 37 Equipment rental and maintenance   | 11,233.    | 120.                 | 11,113.                    |                 |
| 38 Printing and publications  |            |                      |                            |                 |
| 39 Travel   | 15,230.    | 14,189.              | 1,041.                     |                 |
| 40 Conferences, conventions, and meetings   | 27,249.    | 26,034.              | 1,215.                     |                 |
| 41 Interest   | 173.       |                      | 173.                       |                 |
| 42 Depreciation, depletion, etc. (attach schedule)  | 1,266.     |                      | 1,266.                     |                 |
| 43 Other expenses not covered above (itemize):  |            |                      |                            |                 |
| a   |            |                      |                            |                 |
| b   |            |                      |                            |                 |
| c   |            |                      |                            |                 |
| d   |            |                      |                            |                 |
| e SEE STATEMENT 1   |            |                      |                            |                 |
| 44 Total functional expenses (add lines 22 through 43).<br>Organizations completing columns (B)-(D), carry these totals to lines 13-15. | 1,211,435. | 1,003,673.           | 207,762.                   | 0.              |

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

|   |            |
|---|------------|
| a SAMSHA-PROVIDE EFFECTIVE SUBSTANCE ABUSE PREVENTION PRACTICES TO THE COMMUNITY AND HELP ENSURE REDUCTIONS IN SUBSTANCE ABUSE THROUGH EDUCATION.<br>(Grants and allocations \$ 342,839.) | 349,842.   |
| b FAMILY EFFECTIVE TRAINING-BRING FAMILIES TOGETHER TO PREVENT ENFORCE POSITIVE FAMILY RELATIONSHIPS IN TODAY'S SOCIETY.<br>(Grants and allocations \$ 40,000.)                           | 44,767.    |
| c POINT OF ENTRY-PROVIDING ACCESS TO SERVICES, INTERPRETATION, AND TRANSLATION.<br>(Grants and allocations \$ 59,972.)  | 53,743.    |
| d SEE STATEMENT 3   |            |
| e Other program services (attach schedule) STATEMENT 5<br>(Grants and allocations \$ 41,943.)   | 53,884.    |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services)<br>(Grants and allocations \$ 635,503.)  | 501,417.   |
|   | 1,003,653. |

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|  |   | (A)<br>Beginning of year | (B)<br>End of year |
|--|---|--------------------------|--------------------|
| Assets   | 45 Cash - non-interest-bearing  | 31,497.                  | 6,765.             |
|  | 46 Savings and temporary cash investments   |                          |                    |
|  | 47 a Accounts receivable  | 4,980.                   |                    |
|  | b Less: allowance for doubtful accounts   |                          | 4,980.             |
|  | 48 a Pledges receivable   |                          |                    |
|  | b Less: allowance for doubtful accounts   |                          |                    |
|  | 49 Grants receivable  | 29,835.                  | 60,461.            |
|  | 50 Receivables from officers, directors, trustees, and key employees  |                          |                    |
|  | 51 a Other notes and loans receivable   |                          |                    |
|  | b Less: allowance for doubtful accounts   |                          |                    |
|  | 52 Inventories for sale or use  |                          |                    |
|  | 53 Prepaid expenses and deferred charges  |                          |                    |
|  | 54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV  |                          | 1,428.             |
|  | 55 a Investments - land, buildings, and equipment: basis  |                          |                    |
|  | b Less: accumulated depreciation  |                          |                    |
| 56 Investments - other   |   |                          |                    |
| 57 a Land, buildings, and equipment: basis                     | 28,565.   |                          |                    |
| b Less: accumulated depreciation STMT 6                        | 26,481.   |                          |                    |
| 58 Other assets (describe)                                     | 3,350.  | 2,084.                   |                    |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 64,682.   | 75,718.                  |                    |
| Liabilities  | 60 Accounts payable and accrued expenses  | 73,689.                  | 81,256.            |
|  | 61 Grants payable   |                          |                    |
|  | 62 Deferred revenue   |                          |                    |
|  | 63 Loans from officers, directors, trustees, and key employees  |                          |                    |
|  | 64 a Tax-exempt bond liabilities  |                          |                    |
|  | b Mortgages and other notes payable   |                          |                    |
|  | 65 Other liabilities (describe)   |                          |                    |
| 66 Total liabilities (add lines 60 through 65)                 | 73,689.   | 81,256.                  |                    |
| Net Assets or Fund Balances                                    | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.            |                          |                    |
|  | 67 Unrestricted   | <11,725.>                | <14,535.>          |
|  | 68 Temporarily restricted   | 2,718.                   | 8,997.             |
|  | 69 Permanently restricted   |                          |                    |
|  | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.                                    |                          |                    |
|  | 70 Capital stock, trust principal, or current funds   |                          |                    |
|  | 71 Paid-in or capital surplus, or land, building, and equipment fund  |                          |                    |
|  | 72 Retained earnings, endowment, accumulated income, or other funds   |                          |                    |
|  | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | <9,007.>                 | <5,538.>           |
|  | 74 Total liabilities and net assets / fund balances (add lines 66 and 73)   | 64,682.                  | 75,718.            |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information

|      |  | Yes | No   |
|------|--|-----|------|
| 76   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | X    |
| 77   | Were any changes made in the organizing or governing documents but not reported to the IRS?<br>If "Yes," attach a conformed copy of the changes.   |     | X    |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   |     | X    |
| b    | If "Yes," has it filed a tax return on Form 990-T for this year? N/A   |     |      |
| 79   | Was there a liquidation, dissolution, termination, or substantial contraction during the year?<br>If "Yes," attach a statement   |     | X    |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  |     | X    |
| b    | If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.  |     |      |
| 81 a | Enter direct or indirect political expenditures. See line 81 instructions  | 81a | 0.   |
| b    | Did the organization file Form 1120-POL for this year?   | 81b | X    |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | 82a | X    |
| b    | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)   | 82b | N/A  |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications?  | 83a | X    |
| b    | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | 83b | X    |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible?  | 84a | X    |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 84b |      |
| 85   | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A  | 85a |      |
| b    | Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A  | 85b |      |
| c    | Dues, assessments, and similar amounts from members  | 85c | N/A  |
| d    | Section 162(e) lobbying and political expenditures   | 85d | N/A  |
| e    | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | 85e | N/A  |
| f    | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85f | N/A  |
| g    | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A  | 85g |      |
| h    | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A                             | 85h |      |
| 86   | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12  | 86a | N/A  |
| b    | Gross receipts, included on line 12, for public use of club facilities   | 86b | N/A  |
| 87   | 501(c)(12) organizations. Enter: a Gross income from members or shareholders   | 87a | N/A  |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | 87b | N/A  |
| 88   | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?<br>If "Yes," complete Part IX  | 88  | X    |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.   | 89a |      |
| b    | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?<br>If "Yes," attach a statement explaining each transaction | 89b | X    |
| c    | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | 0.   |
| d    | Enter: Amount of tax on line 89c, above, reimbursed by the organization  |     | 0.   |
| 90 a | List the states with which a copy of this return is filed  |     | NONE |
| b    | Number of employees employed in the pay period that includes March 12, 2004  | 90b | 24   |
| 91   | The books are in care of NEVADA HISPANIC SERVICES, INC. Telephone no. (775) 826-1818   |     |      |
|      | Located at 3905 NEIL ROAD, RENO, NV ZIP + 4 89502  |     |      |
| 92   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year  | 92  | N/A  |

423041 01-13-05

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

|   | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
|   | (A)<br>Business<br>code   | (B)<br>Amount | (C)<br>Exclu-<br>sion<br>code        | (D)<br>Amount |   |
| 93 Program service revenue:                                     |                           |               |                                      |               |   |
| a   |                           |               |                                      |               |   |
| b   |                           |               |                                      |               |   |
| c   |                           |               |                                      |               |   |
| d   |                           |               |                                      |               |   |
| e   |                           |               |                                      |               |   |
| f Medicare/Medicaid payments                                    |                           |               |                                      |               |   |
| g Fees and contracts from government agencies                   |                           |               |                                      |               |   |
| 94 Membership dues and assessments                              |                           |               |                                      |               |   |
| 95 Interest on savings and temporary cash investments           |                           | 29.           | 14                                   |               |   |
| 96 Dividends and interest from securities                       |                           |               |                                      |               |   |
| 97 Net rental income or (loss) from real estate:                |                           |               |                                      |               |   |
| a debt-financed property  |                           |               |                                      |               |   |
| b not debt-financed property                                    |                           |               |                                      |               |   |
| 98 Net rental income or (loss) from personal property           |                           |               |                                      |               |   |
| 99 Other investment income                                      |                           |               |                                      |               |   |
| 100 Gain or (loss) from sales of assets<br>other than inventory |                           |               |                                      |               |   |
| 101 Net income or (loss) from special events                    |                           |               |                                      |               |   |
| 102 Gross profit or (loss) from sales of inventory              |                           |               |                                      |               |   |
| 103 Other revenue:  |                           |               |                                      |               |   |
| a MISCELLANEOUS INCOME  |                           |               | 14                                   |               |   |
| b   |                           |               |                                      |               |   |
| c   |                           |               |                                      |               |   |
| d   |                           |               |                                      |               |   |
| e   |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E))                    |                           | 29.           |                                      | 0.            | 0.  |
| 105 Total (add line 104, columns (B), (D), and (E))             |                           |               |                                      |               | 29.   |

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| ▼        |   |
|          |   |
|          |   |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

| (A)<br>Name, address, and EIN of corporation,<br>partnership, or disregarded entity | (B)<br>Percentage of<br>ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year<br>assets |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A   | %  |                             |                     |                              |
|   | %  |                             |                     |                              |
|   | %  |                             |                     |                              |
|   | %  |                             |                     |                              |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

Signature of officer: [Signature] Date: 04/03/06 Type or print name and title: Daniel Forbush

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4: FORBUSH & ASSOCIATES  
1155 W FOURTH STREET, SUITE 210  
RENO, NV 89503

Date: 04/03/06 Check if self-employed:  Preparer's SSN or PTIN: 529 80-4890

EIN: [Blank] Phone no.: (775) 337-6001

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(a), 501(l), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

NEVADA HISPANIC SERVICES, INC.

Employer identification number  
88 0137317

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000       | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| JESUS GUTIERREZ<br>-----<br>3321 SARATOGA COURT, SPARKS, NV 8943140 |  |                  |   |  |
| LAURA TELLEZ<br>-----<br>8001 DIXION LANE, RENO, NV 89511           | 40   |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| Total number of other employees paid over \$50,000                  | 0  |                  |   |  |

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE<br>-----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| Total number of others receiving over \$50,000 for professional services    | 0                   |                  |

**Part III Statements About Activities** (See page 2 of the instructions.)

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities $\$$ _____ $\$$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)<br>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. |     | X  |
| <b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)  |     |    |
| <b>a</b> Sale, exchange, or leasing of property?   |     | X  |
| <b>b</b> Lending of money or other extension of credit?  |     | X  |
| <b>c</b> Furnishing of goods, services, or facilities?   |     | X  |
| <b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?   |     | X  |
| <b>e</b> Transfer of any part of its income or assets?   |     | X  |
| <b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)  |     | X  |
| <b>b</b> Do you have a section 403(b) annuity plan for your employees?   |     | X  |
| <b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?   |     | X  |
| <b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?   |     | X  |

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  $\blacktriangleright$  \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in)  | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 2B.)   |          |          |          | 223,986. | 223,986.  |
| <b>16</b> Membership fees received   |          |          |          |          |           |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  |          |          |          | 81,250.  | 81,250.   |
| <b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975   |          |          |          | 263.     | 263.      |
| <b>19</b> Net income from unrelated business activities not included in line 18  |          |          |          |          |           |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   |          |          |          |          |           |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge   |          |          |          |          |           |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets   |          |          |          |          |           |
| <b>23</b> Total of lines 15 through 22   | 0.       | 0.       | 0.       | 305,499. | 305,499.  |
| <b>24</b> Line 23 minus line 17  |          |          |          | 224,249. | 224,249.  |
| <b>25</b> Enter 1% of line 23  |          |          |          | 3,055.   |           |
| <b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24  |          |          |          |          | 4,485.    |
| <b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts  |          |          |          |          | 0.        |
| <b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)   |          |          |          |          | 224,249.  |
| <b>d</b> Add: Amounts from column (e) for lines: 18 <u>263.</u> 19 _____ 22 _____ 26b _____  |          |          |          |          | 263.      |
| <b>e</b> Public support (line 26c minus line 26d total)  |          |          |          |          | 223,986.  |
| <b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))  |          |          |          |          | 99.8827%  |
| <b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) <u>N/A</u> (2002) _____ (2001) _____ (2000) _____  |          |          |          |          |           |
| <b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) <u>N/A</u> (2002) _____ (2001) _____ (2000) _____ |          |          |          |          |           |
| <b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____  |          |          |          |          |           |
| <b>d</b> Add: Line 27a total _____ and line 27b total _____  |          |          |          |          | N/A       |
| <b>e</b> Public support (line 27c total minus line 27d total)  |          |          |          |          | N/A       |
| <b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)   |          |          |          |          | N/A       |
| <b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))  |          |          |          |          | N/A       |
| <b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))  |          |          |          |          | N/A       |
| <b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.  |          |          |          |          | NONE      |

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|      |   | Yes | No |
|------|---|-----|----|
| 29   | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?   |     |    |
| 30   | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  |     |    |
| 31   | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) |     |    |
|      |   |     |    |
|      |   |     |    |
| 32   | Does the organization maintain the following:   |     |    |
| a    | Records indicating the racial composition of the student body, faculty, and administrative staff?   | 32a |    |
| b    | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | 32b |    |
| c    | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | 32c |    |
| d    | Copies of all material used by the organization or on its behalf to solicit contributions?<br>If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  | 32d |    |
|      |   |     |    |
| 33   | Does the organization discriminate by race in any way with respect to:  |     |    |
| a    | Students' rights or privileges?   | 33a |    |
| b    | Admissions policies?  | 33b |    |
| c    | Employment of faculty or administrative staff?  | 33c |    |
| d    | Scholarships or other financial assistance?   | 33d |    |
| e    | Educational policies?   | 33e |    |
| f    | Use of facilities?  | 33f |    |
| g    | Athletic programs?  | 33g |    |
| h    | Other extracurricular activities?<br>If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  | 33h |    |
|      |   |     |    |
|      |   |     |    |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency?   | 34a |    |
| b    | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement.   | 34b |    |
| 35   | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation   | 35  |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

|   | (a)<br>Affiliated group<br>totals                 | (b)<br>To be completed for ALL<br>electing organizations |
|---|---|--|
|   | N/A   |  |
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) | <b>36</b>   |  |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) | <b>37</b>   |  |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37)                             | <b>38</b>   |  |
| <b>39</b> Other exempt purpose expenditures   | <b>39</b>   |  |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39)                       | <b>40</b>   |  |
| <b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -       |   |  |
| <b>If the amount on line 40 is -</b>  |   |  |
| <b>The lobbying nontaxable amount is -</b>  |   |  |
| Not over \$500,000  | 20% of the amount on line 40                      |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000   |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000 |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000  |  |
| Over \$17,000,000   | \$1,000,000                                       |  |
| <b>42</b> Grassroots nontaxable amount (enter 25% of line 41)                           | <b>42</b>   |  |
| <b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36      | <b>43</b>   |  |
| <b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38      | <b>44</b>   |  |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Calendar year (or fiscal year beginning in)              | Lobbying Expenditures During 4-Year Averaging Period |             |             |             | N/A<br>(e)<br>Total |
|--|--|-------------|-------------|-------------|---------------------|
|  | (a)<br>2004  | (b)<br>2003 | (c)<br>2002 | (d)<br>2001 |                     |
| <b>45</b> Lobbying nontaxable amount                     |  |             |             |             | 0.                  |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |  |             |             |             | 0.                  |
| <b>47</b> Total lobbying expenditures                    |  |             |             |             | 0.                  |
| <b>48</b> Grassroots nontaxable amount                   |  |             |             |             | 0.                  |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |  |             |             |             | 0.                  |
| <b>50</b> Grassroots lobbying expenditures               |  |             |             |             | 0.                  |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

|   | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> Volunteers   |     |    |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) |     |    |        |
| <b>c</b> Media advertisements   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means     |     |    |        |
| <b>i</b> Total lobbying expenditures (Add lines c through h.)                                       |     |    | 0.     |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

| Asset No. | Description             | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|-----------|-------------------------|---------------|--------|------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 1         | FURNITURE & FIXTURES    | VARIABLES     |        | 7.00 | 17       | 18,580.                  |            |                    | 18,580.                | 18,580.                  |                 | 0.                     |
| 2         | LEASEHOLD IMPROVEMENTS  | VARIABLES     |        | 7.00 | 17       | 1,480.                   |            |                    | 1,480.                 | 1,480.                   |                 | 0.                     |
| 3         | LAPTOP COMPUTER         | 12/20/00      | DB     | 5.00 | 17       | 1,200.                   |            |                    | 1,200.                 | 876.                     |                 | 136.                   |
| 4         | HP PRINTER              | 12/28/00      | DB     | 5.00 | 17       | 245.                     |            |                    | 245.                   | 179.                     |                 | 28.                    |
| 5         | TELEPHONE SYSTEM        | 06/11/02      | DB     | 7.00 | 17       | 447.                     |            |                    | 447.                   | 227.                     |                 | 63.                    |
| 6         | CAMERA EQUIPMENT        | 06/26/02      | DB     | 7.00 | 17       | 1,021.                   |            |                    | 1,021.                 | 518.                     |                 | 144.                   |
| 7         | COMPUTERS               | 09/30/03      | DB     | 5.00 | 17       | 5,592.                   |            | 2,796.             | 2,796.                 | 559.                     |                 | 895.                   |
|           | * TOTAL 990 PAGE 2 DEPR |               |        |      |          | 28,565.                  |            | 2,796.             | 25,769.                | 22,419.                  | 0.              | 1,266.                 |

428102  
10-08-04

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990

OTHER EXPENSES

STATEMENT 1

| DESCRIPTION            | (A)<br>TOTAL | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>AND GENERAL | (D)<br>FUNDRAISING |
|------------------------|--------------|----------------------------|----------------------------------|--------------------|
| BANK CHARGES           | 4,090.       | 0.                         | 4,090.                           |                    |
| DUES & SUBSCRIPTIONS   | 2,550.       | 1,200.                     | 1,350.                           |                    |
| INSURANCE              | 20,641.      | 167.                       | 20,474.                          |                    |
| CONTRACTORS & OTHER    |              |                            |                                  |                    |
| PROFESSIONAL FEES      | 253,063.     | 223,664.                   | 29,399.                          |                    |
| MISCELLANEOUS          | 327.         | 818.                       | <491.>                           |                    |
| EVENT EXPENSE          | 89,231.      | 84,231.                    | 5,000.                           |                    |
| TOTAL TO FM 990, LN 43 | 369,902.     | 310,080.                   | 59,822.                          |                    |

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
PART III

STATEMENT 2

EXPLANATION

TO ADDRESS AND MEET THE NEEDS OF THE HISPANIC COMMUNITY THROUGH DIRECT SERVICES, EDUCATION, ADVOCACY AND COMMUNITY INVOLVEMENT.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE FOUR

JTNN-PROVIDING PROGRAMS TO DIRECT MANY BESIEGED AND DIVIDED FAMILIES TOWARDS HEALING AND UNIFICATION TO A COMMON GOAL-THAT OF APPROPRIATE AND POSITIVE RELATIONSHIP WITHIN SELF AND FAMILIES IN TODAY'S SOCIETY.

|                               | GRANTS  | EXPENSES |
|-------------------------------|---------|----------|
| TO FORM 990, PART III, LINE D | 41,943. | 53,884.  |

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

| CLASSIFICATION | DONEE'S NAME     | DONEE'S ADDRESS                                | DONEE'S RELATIONSHIP | AMOUNT |
|----------------|------------------|--|----------------------|--------|
| EDUCATION      | AUSTIN J. ARANDA | 1607 AMBASSADOR DRIVE, RENO, NV 89523          | NONE                 | 1,000. |
| EDUCATION      | MARIO AVILA      | 123 KNICKER BACKER DRIVE, DAYTON, NV 89403     | NONE                 | 1,000. |
| EDUCATION      | SARA ESCOBEDO    | 600 HOT SPRING ROAD #70, CARSON CITY, NV 89706 | NONE                 | 1,000. |
| EDUCATION      | SILVIA ESTRADA   | 1849 FRAZEER AVENUE, SPARKS, NV 89431          | NONE                 | 1,000. |
| EDUCATION      | VICTOR GAMBOA    | 471 GOLDEN VISTA AVENUE, RENO, NV 89506        | NONE                 | 1,000. |
| EDUCATION      | ILIANA M. JUAREZ | 2412 EASTWOOD DRIVE, CARSON CITY, NV 89702     | NONE                 | 1,000. |
| EDUCATION      | EMA LOPEZ        | 1900 FARGO WAY, SPARKS, NV 89434               | NONE                 | 1,000. |
| EDUCATION      | ANGELICA MORALES | 4050 GARDELLA AVENUE APT#412, RENO, NV 89512   | NONE                 | 1,000. |

NEVADA HISPANIC SERVICES, INC.

88-0137317

|  |                   |  |      |         |
|--|-------------------|--|------|---------|
| EDUCATION                                    | PATRICIA NOVAL    | P.O. BOX 13225,<br>RENO, NV 89507                          | NONE | 1,000.  |
| EDUCATION                                    | NATALIE RODRIGUEZ | 1742 GAULT WAY,<br>SPARKS, NV 89431                        | NONE | 1,000.  |
| EDUCATION                                    | CESAR SLIVA       | 1736 NOREEN DRIVE,<br>SPARKS, NV 89434                     | NONE | 1,000.  |
| EDUCATION                                    | CLARIBEL ZECENA   | 1205 SOUTH MEADOWS<br>PARKWAY APT G1050,<br>RENO, NV 89521 | NONE | 1,000.  |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22 |                   |  |      | 12,000. |

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

| DESCRIPTION                         | GRANTS AND ALLOCATIONS | EXPENSES |
|-------------------------------------|------------------------|----------|
| VOCES                               |                        |          |
| RENDEZVOUS                          | 125,233.               | 119,005. |
| HISPANIC HERITAGE DAY               | 700.                   | 501.     |
| CINCO DE MAYO                       | 15,018.                | 918.     |
| ADELANTE                            | 54,125.                | 31,081.  |
| SALSA Y SALSA                       | 88,055.                | 46,138.  |
| CDC PCM                             | 19,261.                | 9,417.   |
| CDBG                                | 31,998.                | 34,016.  |
| OTHERS                              | 34,210.                | 29,837.  |
| SCHOLARSHIP                         | 248,824.               | 218,504. |
|                                     | 18,079.                | 12,000.  |
| TOTAL TO FORM 990, PART III, LINE E | 635,503.               | 501,417. |

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

| DESCRIPTION                       | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|---------------------|--------------------------|------------|
| FURNITURE & FIXTURES              | 18,580.             | 18,580.                  | 0.         |
| LEASEHOLD IMPROVEMENTS            | 1,480.              | 1,480.                   | 0.         |
| LAPTOP COMPUTER                   | 1,200.              | 1,012.                   | 188.       |
| HP PRINTER                        | 245.                | 207.                     | 38.        |
| TELEPHONE SYSTEM                  | 447.                | 290.                     | 157.       |
| CAMERA EQUIPMENT                  | 1,021.              | 662.                     | 359.       |
| COMPUTERS                         | 5,592.              | 4,250.                   | 1,342.     |
| TOTAL TO FORM 990, PART IV, LN 57 | 28,565.             | 26,481.                  | 2,084.     |

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|---|--------------------------|-------------------|------------------------------|--------------------|
| ELOY ITUARTE, M.D.<br>P.O. BOX 5421<br>RENO, NV 89513                 | PRESIDENT<br>PT          | 0.                | 0.                           | 0.                 |
| MARY ANN ROBINSON<br>3894 VISTACREST DRIVE<br>RENO, NV 89509          | VICE PERSIDENT<br>PT     | 0.                | 0.                           | 0.                 |
| BRENDA CARRERA<br>1758 "C" STREET<br>SPARKS, NV 89431                 | SRECRETARY<br>PT         | 0.                | 0.                           | 0.                 |
| NESTOR SANTAMARIA<br>2673 CHAUCER STREET<br>SPARKS, NV 89436          | TREASURER<br>PT          | 0.                | 0.                           | 0.                 |
| ISABEL BACIGALUPI<br>201 HOGE ROAD<br>RENO, NV 89506                  | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| GEROLD DERMID, JR.<br>716 HELVETIA AVE<br>RENO, NV 89502              | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| PAUL DUGAN, SUPERINDENDENT<br>425 EAST NINTH STREET<br>RENO, NV 89520 | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| ELZA M. MAJOR<br>1575 HAVENCREST DRIVE<br>RENO, NV 89523              | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| KEVIN QUINT<br>2077 BLUES CT.<br>FALLON, NV 89406                     | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| MAURY CENTENO<br>451 EAGLE STATION LANE<br>CARSON CITY, NV 89701      | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| EDUARDO REYES<br>6100 NEIL ROAD<br>RENO, NV 89502                     | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |

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88-0137317

DIEGO MARTIN  
P.O. BOX 57  
SPARKS, NV 89432

BOARD MEMBER  
PT

0.                      0.                      0.

TOTALS INCLUDED ON FORM 990, PART V

0.                      0.                      0.

**Depreciation and Amortization** 990  
**(Including Information on Listed Property)**

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

NEVADA HISPANIC SERVICES, INC.

FORM 990 PAGE 2

88-0137317

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

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount. See instructions for a higher limit for certain businesses  | 1                            | 102,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | 410,000.         |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2003 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12   | 13                           |                  |

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

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

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

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

**Section A**

|    |  |    |        |
|----|--|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2004   | 17 | 1,266. |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |        |

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

| 20a Class life | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|----------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| b 12-year      |                                      |  |                     |                | S/L        |                            |
| c 40-year      |                                      |  | 12 yrs.             |                | S/L        |                            |
|                |                                      |  | 40 yrs.             | MM             | S/L        |                            |

**Part IV Summary (See instructions.)**

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 1,266. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |

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

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

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

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

**Section B - Information on Use of Vehicles**

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

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

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

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

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?<br><b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.              |     |    |

**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2004 tax year:           |                                 |                           |                     |  |                                   |
|  |                                 |                           |                     |  |                                   |
| <b>43</b> Amortization of costs that began before your 2004 tax year             |                                 |                           |                     |  | <b>43</b>                         |
| <b>44</b> Total. Add amounts in column (f). See instructions for where to report |                                 |                           |                     |  | <b>44</b>                         |

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization: **NEVADA HISPANIC SERVICES, INC.**

Number and street (or P.O. box if mail is not delivered to street address): **3905 NEIL ROAD** Room/suite

City or town, state or country, and ZIP + 4: **RENO, NV 89502**

**D** Employer identification number: **88-0137317**

**E** Telephone number: **775-826-1818**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: \_\_\_\_\_

**G** Website: **N/A**

**J** Organization type (check only one):  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **1,209,181.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

|  |  |                |          |            |  |
|--|--|----------------|----------|------------|--|
| <b>1</b> Contributions, gifts, grants, and similar amounts received: |  |                |          |            |  |
| <b>a</b>   | Direct public support  | <b>1a</b>      | 241,095. |            |  |
| <b>b</b>   | Indirect public support  | <b>1b</b>      | 240,830. |            |  |
| <b>c</b>   | Government contributions (grants)  | <b>1c</b>      | 727,227. |            |  |
| <b>d</b>   | Total (add lines 1a through 1c) (cash \$ 1,184,072. noncash \$ 25,080.)  | <b>1d</b>      |          | 1,209,152. |  |
| <b>2</b>   | Program service revenue including government fees and contracts (from Part VII, line 93)                           | <b>2</b>       |          |            |  |
| <b>3</b>   | Membership dues and assessments  | <b>3</b>       |          |            |  |
| <b>4</b>   | Interest on savings and temporary cash investments   | <b>4</b>       |          | 29.        |  |
| <b>5</b>   | Dividends and interest from securities   | <b>5</b>       |          |            |  |
| <b>6a</b>  | Gross rents  | <b>6a</b>      |          |            |  |
| <b>b</b>   | Less: rental expenses  | <b>6b</b>      |          |            |  |
| <b>c</b>   | Net rental income or (loss) (subtract line 6b from line 6a)  | <b>6c</b>      |          |            |  |
| <b>7</b>   | Other investment income (describe _____)   | <b>7</b>       |          |            |  |
| <b>8a</b>  | Gross amount from sales of assets other than inventory:  | (A) Securities |          | (B) Other  |  |
| <b>b</b>   | Less: cost or other basis and sales expenses   | <b>8a</b>      |          |            |  |
| <b>c</b>   | Gain or (loss) (attach schedule)   | <b>8b</b>      |          |            |  |
| <b>d</b>   | Net gain or (loss) (combine line 8c, columns (A) and (B))  | <b>8c</b>      |          |            |  |
| <b>8d</b>  |  | <b>8d</b>      |          |            |  |
| <b>9</b>   | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> |                |          |            |  |
| <b>a</b>   | Gross revenue (not including \$ _____ of contributions reported on line 1a)  | <b>9a</b>      |          |            |  |
| <b>b</b>   | Less: direct expenses other than fundraising expenses  | <b>9b</b>      |          |            |  |
| <b>c</b>   | Net income or (loss) from special events (subtract line 9b from line 9a)   | <b>9c</b>      |          |            |  |
| <b>10a</b>   | Gross sales of inventory, less returns and allowances  | <b>10a</b>     |          |            |  |
| <b>b</b>   | Less: cost of goods sold   | <b>10b</b>     |          |            |  |
| <b>c</b>   | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)                 | <b>10c</b>     |          |            |  |
| <b>11</b>  | Other revenue (from Part VII, line 103)  | <b>11</b>      |          |            |  |
| <b>12</b>  | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)   | <b>12</b>      |          | 1,209,181. |  |
| <b>13</b>  | Program services (from line 44, column (B))  | <b>13</b>      |          | 1,003,673. |  |
| <b>14</b>  | Management and general (from line 44, column (C))  | <b>14</b>      |          | 207,762.   |  |
| <b>15</b>  | Fundraising (from line 44, column (D))   | <b>15</b>      |          |            |  |
| <b>16</b>  | Payments to affiliates (attach schedule)   | <b>16</b>      |          |            |  |
| <b>17</b>  | Total expenses (add lines 16 and 44, column (A))   | <b>17</b>      |          | 1,211,435. |  |
| <b>18</b>  | Excess or (deficit) for the year (subtract line 17 from line 12)   | <b>18</b>      |          | <2,254.>   |  |
| <b>19</b>  | Net assets or fund balances at beginning of year (from line 73, column (A))  | <b>19</b>      |          | <9,007.>   |  |
| <b>20</b>  | Other changes in net assets or fund balances (attach explanation)  | <b>20</b>      |          | 0.         |  |
| <b>21</b>  | Net assets or fund balances at end of year (combine lines 18, 19, and 20)  | <b>21</b>      |          | <11,261.>  |  |

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. |  | (A) Total  | (B) Program services | (C) Management and general | (D) Fundraising |
|---|--|------------|----------------------|----------------------------|-----------------|
| 22  | Grants and allocations (attach schedule)<br>(cash \$ 12,000, noncash \$ )  | 12,000.    | 12,000.              | <b>STATEMENT 4</b>         |                 |
| 23  | Specific assistance to individuals (attach schedule)   |            |                      |                            |                 |
| 24  | Benefits paid to or for members (attach schedule)  |            |                      |                            |                 |
| 25  | Compensation of officers, directors, etc.  | 58,781.    | 0.                   | 58,781.                    | 0.              |
| 26  | Other salaries and wages   | 455,275.   | 452,107.             | 3,168.                     |                 |
| 27  | Pension plan contributions   |            |                      |                            |                 |
| 28  | Other employee benefits  | 10,941.    | 6,567.               | 4,374.                     |                 |
| 29  | Payroll taxes  | 52,186.    | 35,252.              | 16,934.                    |                 |
| 30  | Professional fundraising fees  |            |                      |                            |                 |
| 31  | Accounting fees  | 30,029.    |                      | 30,029.                    |                 |
| 32  | Legal fees   |            |                      |                            |                 |
| 33  | Supplies   | 141,822.   | 133,739.             | 8,083.                     |                 |
| 34  | Telephone  | 9,726.     | 4,168.               | 5,558.                     |                 |
| 35  | Postage and shipping   | 2,694.     | 2,123.               | 571.                       |                 |
| 36  | Occupancy  | 12,928.    | 7,294.               | 5,634.                     |                 |
| 37  | Equipment rental and maintenance   | 11,233.    | 120.                 | 11,113.                    |                 |
| 38  | Printing and publications  |            |                      |                            |                 |
| 39  | Travel   | 15,230.    | 14,189.              | 1,041.                     |                 |
| 40  | Conferences, conventions, and meetings   | 27,249.    | 26,034.              | 1,215.                     |                 |
| 41  | Interest   | 173.       |                      | 173.                       |                 |
| 42  | Depreciation, depletion, etc. (attach schedule)  | 1,266.     |                      | 1,266.                     |                 |
| 43  | Other expenses not covered above (itemize):  |            |                      |                            |                 |
| a   |  |            |                      |                            |                 |
| b   |  |            |                      |                            |                 |
| c   |  |            |                      |                            |                 |
| d   |  |            |                      |                            |                 |
| e   | <b>SEE STATEMENT 1</b>   |            |                      |                            |                 |
| 44  | <b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. | 1,211,435. | 1,003,673.           | 207,762.                   | 0.              |

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

|   |  |                                      |            |
|---|--|--------------------------------------|------------|
| a | <b>SAMSHA-PROVIDE EFFECTIVE SUBSTANCE ABUSE PREVENTION PRACTICES TO THE COMMUNITY AND HELP ENSURE REDUCTIONS IN SUBSTANCE ABUSE THROUGH EDUCATION.</b> | (Grants and allocations \$ 342,839.) | 349,842.   |
| b | <b>FAMILY EFFECTIVE TRAINING-BRING FAMILIES TOGETHER TO PREVENT ENFORCE POSITIVE FAMILY RELATIONSHIPS IN TODAY'S SOCIETY.</b>                          | (Grants and allocations \$ 40,000.)  | 44,767.    |
| c | <b>POINT OF ENTRY-PROVIDING ACCESS TO SERVICES, INTERPRETATION, AND TRANSLATION.</b>   | (Grants and allocations \$ 59,972.)  | 53,743.    |
| d | <b>SEE STATEMENT 3</b>   | (Grants and allocations \$ 41,943.)  | 53,884.    |
| e | <b>Other program services (attach schedule)</b>  | (Grants and allocations \$ 635,503.) | 501,417.   |
| f | <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)  |                                      | 1,003,653. |

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|   |  | (A)<br>Beginning of year                                   | (B)<br>End of year |
|---|--|--|--------------------|
| Assets  | 45 Cash - non-interest-bearing   | 31,497.  | 45 6,765.          |
|   | 46 Savings and temporary cash investments  |  | 46                 |
|   | 47 a Accounts receivable   | 4,980.   |                    |
|   | 47 b Less: allowance for doubtful accounts   |  | 47c 4,980.         |
|   | 48 a Pledges receivable  |  | 48a                |
|   | 48 b Less: allowance for doubtful accounts   |  | 48b                |
|   | 49 Grants receivable   | 29,835.  | 49 60,461.         |
|   | 50 Receivables from officers, directors, trustees, and key employees   |  | 50                 |
|   | 51 a Other notes and loans receivable  |  | 51a                |
|   | 51 b Less: allowance for doubtful accounts   |  | 51b                |
|   | 52 Inventories for sale or use   |  | 52                 |
|   | 53 Prepaid expenses and deferred charges   |  | 53                 |
|   | 54 Investments - securities  | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54 1,428.          |
|   | 55 a Investments - land, buildings, and equipment: basis   |  | 55a                |
|   | 55 b Less: accumulated depreciation  |  | 55b                |
| 56 Investments - other  |  | 56   |                    |
| 57 a Land, buildings, and equipment: basis  | 28,565.  |  |                    |
| 57 b Less: accumulated depreciation   | STMT 6 26,481.   | 57c 3,350.   |                    |
| 58 Other assets (describe)  |  | 58 2,084.  |                    |
| 59 Total assets (add lines 45 through 58) (must equal line 74)  | 64,682.  | 59 75,718.   |                    |
| Liabilities   | 60 Accounts payable and accrued expenses   | 73,689.  | 60 81,256.         |
|   | 61 Grants payable  |  | 61                 |
|   | 62 Deferred revenue  |  | 62                 |
|   | 63 Loans from officers, directors, trustees, and key employees   |  | 63                 |
|   | 64 a Tax-exempt bond liabilities   |  | 64a                |
|   | 64 b Mortgages and other notes payable   |  | 64b                |
|   | 65 Other liabilities (describe)  |  | 65                 |
| 66 Total liabilities (add lines 60 through 65)  | 73,689.  | 66 81,256.   |                    |
| Net Assets or Fund Balances   | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. |  |                    |
|   | 67 Unrestricted  | <11,725.>  | 67 <14,535.>       |
|   | 68 Temporarily restricted  | 2,718.   | 68 8,997.          |
|   | 69 Permanently restricted  |  | 69                 |
|   | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.                         |  |                    |
|   | 70 Capital stock, trust principal, or current funds  |  | 70                 |
|   | 71 Paid-in or capital surplus, or land, building, and equipment fund   |  | 71                 |
|   | 72 Retained earnings, endowment, accumulated income, or other funds  |  | 72                 |
| 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | <9,007.>   | 73 <5,538.>  |                    |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73)   | 64,682.  | 74 75,718.   |                    |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information

|      |  | Yes | No   |
|------|--|-----|------|
| 76   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 76  | X    |
| 77   | Were any changes made in the organizing or governing documents but not reported to the IRS?<br>If "Yes," attach a conformed copy of the changes.   | 77  | X    |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 78a | X    |
| b    | If "Yes," has it filed a tax return on Form 990-T for this year? N/A   | 78b |      |
| 79   | Was there a liquidation, dissolution, termination, or substantial contraction during the year?<br>If "Yes," attach a statement   | 79  | X    |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  | 80a | X    |
| b    | If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.  |     |      |
| 81 a | Enter direct or indirect political expenditures. See line 81 instructions  | 81a | 0.   |
| b    | Did the organization file Form 1120-POL for this year?   | 81b | X    |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | 82a | X    |
| b    | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)   | 82b | N/A  |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications?  | 83a | X    |
| b    | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | 83b | X    |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible?  | 84a | X    |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 84b | N/A  |
| 85   | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  | 85a | N/A  |
| b    | Did the organization make only in-house lobbying expenditures of \$2,000 or less?<br>If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.                  | 85b | N/A  |
| c    | Dues, assessments, and similar amounts from members  | 85c | N/A  |
| d    | Section 162(e) lobbying and political expenditures   | 85d | N/A  |
| e    | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | 85e | N/A  |
| f    | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85f | N/A  |
| g    | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  | 85g | N/A  |
| h    | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?                                 | 85h | N/A  |
| 86   | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12  | 86a | N/A  |
| b    | Gross receipts, included on line 12, for public use of club facilities   | 86b | N/A  |
| 87   | 501(c)(12) organizations. Enter: a Gross income from members or shareholders   | 87a | N/A  |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | 87b | N/A  |
| 88   | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?<br>If "Yes," complete Part IX  | 88  | X    |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.  |     |      |
| b    | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?<br>If "Yes," attach a statement explaining each transaction | 89b | X    |
| c    | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | 0.   |
| d    | Enter: Amount of tax on line 89c, above, reimbursed by the organization  |     | 0.   |
| 90 a | List the states with which a copy of this return is filed  |     | NONE |
| b    | Number of employees employed in the pay period that includes March 12, 2004  | 90b | 24   |
| 91   | The books are in care of NEVADA HISPANIC SERVICES, INC. Telephone no. (775) 826-1818   |     |      |
|      | Located at 3905 NEIL ROAD, RENO, NV ZIP + 4 89502  |     |      |
| 92   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year  | 92  | N/A  |

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

NEVADA HISPANIC SERVICES, INC.

Employer identification number

88-0137317

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000       | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| JESUS GUTIERREZ<br>-----<br>3321 SARATOGA COURT, SPARKS, NV 8943140 |  |                  |   |  |
| LAURA TELLEZ<br>-----<br>8001 DIXION LANE, RENO, NV 89511           | 40   |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶                | 0  |                  |   |  |

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE<br>-----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| -----   |                     |                  |
| Total number of others receiving over \$50,000 for professional services ▶  | 0                   |                  |

**Part III Statements About Activities** (See page 2 of the instructions.)

|  | Yes | No |
|--|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)<br>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. |     | X  |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)   |     |    |
| a Sale, exchange, or leasing of property?  |     | X  |
| b Lending of money or other extension of credit?   |     | X  |
| c Furnishing of goods, services, or facilities?  |     | X  |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  |     | X  |
| e Transfer of any part of its income or assets?  |     | X  |
| 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)   |     | X  |
| b Do you have a section 403(b) annuity plan for your employees?  |     | X  |
| 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?  |     | X  |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?  |     | X  |

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶   | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)   |          |          |          | 223,986. | 223,986.  |
| 16 Membership fees received   |          |          |          |          |           |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  |          |          |          | 81,250.  | 81,250.   |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 |          |          |          | 263.     | 263.      |
| 19 Net income from unrelated business activities not included in line 18  |          |          |          |          |           |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   |          |          |          |          |           |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge   |          |          |          |          |           |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets   |          |          |          |          |           |
| 23 Total of lines 15 through 22   | 0.       | 0.       | 0.       | 305,499. | 305,499.  |
| 24 Line 23 minus line 17  |          |          |          | 224,249. | 224,249.  |
| 25 Enter 1% of line 23  |          |          |          | 3,055.   |           |

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ **26a** 4,485.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b** 0.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 224,249.

d Add: Amounts from column (e) for lines: 18 263. 19 \_\_\_\_\_  
 22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ **26d** 263.

e Public support (line 26c minus line 26d total) ▶ **26e** 223,986.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 99.8827%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: **N/A**

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add: Amounts from column (a) for lines: 15 \_\_\_\_\_ 16 \_\_\_\_\_  
 17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ **27c** N/A

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27d** N/A

e Public support (line 27c total minus line 27d total) ▶ **27e** N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f** N/A

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** N/A %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|   |   | Yes | No |
|---|---|-----|----|
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....   |     |    |
| 30  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....  |     |    |
| 31  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... |     |    |
| If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)        |   |     |    |
| .....   |   |     |    |
| .....   |   |     |    |
| 32  | Does the organization maintain the following:   |     |    |
| a   | Records indicating the racial composition of the student body, faculty, and administrative staff? .....   |     |    |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....   |     |    |
| c   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....   |     |    |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions? .....  |     |    |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  |   |     |    |
| .....   |   |     |    |
| .....   |   |     |    |
| 33  | Does the organization discriminate by race in any way with respect to:  |     |    |
| a   | Students' rights or privileges? .....   |     |    |
| b   | Admissions policies? .....  |     |    |
| c   | Employment of faculty or administrative staff? .....  |     |    |
| d   | Scholarships or other financial assistance? .....   |     |    |
| e   | Educational policies? .....   |     |    |
| f   | Use of facilities? .....  |     |    |
| g   | Athletic programs? .....  |     |    |
| h   | Other extracurricular activities? .....   |     |    |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) |   |     |    |
| .....   |   |     |    |
| .....   |   |     |    |
| 34 a  | Does the organization receive any financial aid or assistance from a governmental agency? .....   |     |    |
| b   | Has the organization's right to such aid ever been revoked or suspended? .....  |     |    |
| If you answered "Yes" to either 34a or b, please explain using an attached statement.                             |   |     |    |
| 35  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....   |     |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  | (a)<br>Affiliated group totals                          |           | (b)<br>To be completed for ALL electing organizations |  |
|---|---|-----------|---|--|
|   | N/A   |           |   |  |
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) ..... | <b>36</b>   |           |   |  |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) ..... | <b>37</b>   |           |   |  |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37) .....                             | <b>38</b>   |           |   |  |
| <b>39</b> Other exempt purpose expenditures .....   | <b>39</b>   |           |   |  |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....                       | <b>40</b>   |           |   |  |
| <b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -             |   |           |   |  |
| <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>               |   |           |   |  |
| Not over \$500,000 .....  | 20% of the amount on line 40 .....                      |           |   |  |
| Over \$500,000 but not over \$1,000,000 .....   | \$100,000 plus 15% of the excess over \$500,000 .....   |           |   |  |
| Over \$1,000,000 but not over \$1,500,000 .....   | \$175,000 plus 10% of the excess over \$1,000,000 ..... | <b>41</b> |   |  |
| Over \$1,500,000 but not over \$17,000,000 .....  | \$225,000 plus 5% of the excess over \$1,500,000 .....  |           |   |  |
| Over \$17,000,000 .....   | \$1,000,000 .....                                       |           |   |  |
| <b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....                           | <b>42</b>   |           |   |  |
| <b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....      | <b>43</b>   |           |   |  |
| <b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....      | <b>44</b>   |           |   |  |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶                  | Lobbying Expenditures During 4-Year Averaging Period |             |             |             | N/A<br>(e)<br>Total |
|--|--|-------------|-------------|-------------|---------------------|
|  | (a)<br>2004  | (b)<br>2003 | (c)<br>2002 | (d)<br>2001 |                     |
| <b>45</b> Lobbying nontaxable amount .....                     |  |             |             |             | 0.                  |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....   |  |             |             |             | 0.                  |
| <b>47</b> Total lobbying expenditures .....                    |  |             |             |             | 0.                  |
| <b>48</b> Grassroots nontaxable amount .....                   |  |             |             |             | 0.                  |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) ..... |  |             |             |             | 0.                  |
| <b>50</b> Grassroots lobbying expenditures .....               |  |             |             |             | 0.                  |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> Volunteers .....   |     |    |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....   |     |    |        |
| <b>c</b> Media advertisements .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....   |     |    |        |
| <b>i</b> Total lobbying expenditures (Add lines c through h.) .....   |     |    | 0.     |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



| Asset No. | Description             | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|-----------|-------------------------|---------------|--------|------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 1         | FURNITURE & FIXTURES    | VARIABLES     | 7.00   | 17   | 18,580.  |                          |            |                    | 18,580.                | 18,580.                  |                 | 0.                     |
| 2         | HOUSEHOLD IMPROVEMENTS  | VARIABLES     | 7.00   | 17   | 1,480.   |                          |            |                    | 1,480.                 | 1,480.                   |                 | 0.                     |
| 3         | LAPTOP COMPUTER         | 12/20/05      | DB     | 5.00 | 17       | 1,200.                   |            |                    | 1,200.                 | 876.                     |                 | 136.                   |
| 4         | HP PRINTER              | 12/28/05      | DB     | 5.00 | 17       | 245.                     |            |                    | 245.                   | 179.                     |                 | 28.                    |
| 5         | TELEPHONE SYSTEM        | 06/11/02      | DB     | 7.00 | 17       | 447.                     |            |                    | 447.                   | 227.                     |                 | 63.                    |
| 6         | CAMERA EQUIPMENT        | 06/26/02      | DB     | 7.00 | 17       | 1,021.                   |            |                    | 1,021.                 | 518.                     |                 | 144.                   |
| 7         | COMPUTERS               | 09/30/03      | DB     | 5.00 | 17       | 5,592.                   |            | 2,796.             | 2,796.                 | 559.                     |                 | 895.                   |
|           | * TOTAL 990 PAGE 2 DEPR |               |        |      |          | 28,565.                  |            | 2,796.             | 25,769.                | 22,419.                  | 0.              | 1,266.                 |

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

FORM 990 OTHER EXPENSES STATEMENT 1

| DESCRIPTION                   | (A)<br>TOTAL    | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>AND GENERAL | (D)<br>FUNDRAISING |
|-------------------------------|-----------------|----------------------------|----------------------------------|--------------------|
| BANK CHARGES                  | 4,090.          | 0.                         | 4,090.                           |                    |
| DUES & SUBSCRIPTIONS          | 2,550.          | 1,200.                     | 1,350.                           |                    |
| INSURANCE                     | 20,641.         | 167.                       | 20,474.                          |                    |
| CONTRACTORS & OTHER           |                 |                            |                                  |                    |
| PROFESSIONAL FEES             | 253,063.        | 223,664.                   | 29,399.                          |                    |
| MISCELLANEOUS                 | 327.            | 818.                       | <491.>                           |                    |
| EVENT EXPENSE                 | 89,231.         | 84,231.                    | 5,000.                           |                    |
| <b>TOTAL TO FM 990, LN 43</b> | <b>369,902.</b> | <b>310,080.</b>            | <b>59,822.</b>                   |                    |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2  
PART III

EXPLANATION

TO ADDRESS AND MEET THE NEEDS OF THE HISPANIC COMMUNITY THROUGH DIRECT SERVICES, EDUCATION, ADVOCACY AND COMMUNITY INVOLVEMENT.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

## DESCRIPTION OF PROGRAM SERVICE FOUR

JTNN-PROVIDING PROGRAMS TO DIRECT MANY BESIEGED AND DIVIDED FAMILIES TOWARDS HEALING AND UNIFICATION TO A COMMON GOAL-THAT OF APPROPRIATE AND POSITIVE RELATIONSHIP WITHIN SELF AND FAMILIES IN TODAY'S SOCIETY.

|                               | GRANTS  | EXPENSES |
|-------------------------------|---------|----------|
| TO FORM 990, PART III, LINE D | 41,943. | 53,884.  |

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

| CLASSIFICATION | DONEE'S NAME     | DONEE'S ADDRESS                                | DONEE'S RELATIONSHIP | AMOUNT |
|----------------|------------------|--|----------------------|--------|
| EDUCATION      | AUSTIN J. ARANDA | 1607 AMBASSADOR DRIVE, RENO, NV 89523          | NONE                 | 1,000. |
| EDUCATION      | MARIO AVILA      | 123 KNICKER BACKER DRIVE, DAYTON, NV 89403     | NONE                 | 1,000. |
| EDUCATION      | SARA ESCOBEDO    | 600 HOT SPRING ROAD #70, CARSON CITY, NV 89706 | NONE                 | 1,000. |
| EDUCATION      | SILVIA ESTRADA   | 1849 FRAZEER AVENUE, SPARKS, NV 89431          | NONE                 | 1,000. |
| EDUCATION      | VICTOR GAMBOA    | 471 GOLDEN VISTA AVENUE, RENO, NV 89506        | NONE                 | 1,000. |
| EDUCATION      | ILIANA M. JUAREZ | 2412 EASTWOOD DRIVE, CARSON CITY, NV 89702     | NONE                 | 1,000. |
| EDUCATION      | EMA LOPEZ        | 1900 FARGO WAY, SPARKS, NV 89434               | NONE                 | 1,000. |
| EDUCATION      | ANGELICA MORALES | 4050 GARDELLA AVENUE APT#412, RENO, NV 89512   | NONE                 | 1,000. |

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|  |                   |  |      |                |
|--|-------------------|--|------|----------------|
| EDUCATION                                    | PATRICIA NOVAL    | P.O. BOX 13225,<br>RENO, NV 89507                          | NONE | 1,000.         |
| EDUCATION                                    | NATALIE RODRIGUEZ | 1742 GAULT WAY,<br>SPARKS, NV 89431                        | NONE | 1,000.         |
| EDUCATION                                    | CESAR SLIVA       | 1736 NOREEN DRIVE,<br>SPARKS, NV 89434                     | NONE | 1,000.         |
| EDUCATION                                    | CLARIBEL ZECENA   | 1205 SOUTH MEADOWS<br>PARKWAY APT G1050,<br>RENO, NV 89521 | NONE | 1,000.         |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22 |                   |  |      | <u>12,000.</u> |

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

| DESCRIPTION                         | GRANTS AND ALLOCATIONS | EXPENSES        |
|-------------------------------------|------------------------|-----------------|
| VOCES                               | 125,233.               | 119,005.        |
| RENDEZVOUS                          | 700.                   | 501.            |
| HISPANIC HERITAGE DAY               | 15,018.                | 918.            |
| CINCO DE MAYO                       | 54,125.                | 31,081.         |
| ADELANTE                            | 88,055.                | 46,138.         |
| SALSA Y SALSA                       | 19,261.                | 9,417.          |
| CDC PCM                             | 31,998.                | 34,016.         |
| CDBG                                | 34,210.                | 29,837.         |
| OTHERS                              | 248,824.               | 218,504.        |
| SCHOLARSHIP                         | 18,079.                | 12,000.         |
| TOTAL TO FORM 990, PART III, LINE E | <u>635,503.</u>        | <u>501,417.</u> |

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

| DESCRIPTION                       | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE    |
|-----------------------------------|---------------------|--------------------------|---------------|
| FURNITURE & FIXTURES              | 18,580.             | 18,580.                  | 0.            |
| LEASEHOLD IMPROVEMENTS            | 1,480.              | 1,480.                   | 0.            |
| LAPTOP COMPUTER                   | 1,200.              | 1,012.                   | 188.          |
| HP PRINTER                        | 245.                | 207.                     | 38.           |
| TELEPHONE SYSTEM                  | 447.                | 290.                     | 157.          |
| CAMERA EQUIPMENT                  | 1,021.              | 662.                     | 359.          |
| COMPUTERS                         | 5,592.              | 4,250.                   | 1,342.        |
| TOTAL TO FORM 990, PART IV, LN 57 | <u>28,565.</u>      | <u>26,481.</u>           | <u>2,084.</u> |

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|---|--------------------------|-------------------|------------------------------|--------------------|
| ELOY ITUARTE, M.D.<br>P.O. BOX 5421<br>RENO, NV 89513                 | PRESIDENT<br>PT          | 0.                | 0.                           | 0.                 |
| MARY ANN ROBINSON<br>3894 VISTACREST DRIVE<br>RENO, NV 89509          | VICE PERSIDENT<br>PT     | 0.                | 0.                           | 0.                 |
| BRENDA CARRERA<br>1758 "C" STREET<br>SPARKS, NV 89431                 | SERECRETARY<br>PT        | 0.                | 0.                           | 0.                 |
| NESTOR SANTAMARIA<br>2673 CHAUCER STREET<br>SPARKS, NV 89436          | TREASURER<br>PT          | 0.                | 0.                           | 0.                 |
| ISABEL BACIGALUPI<br>201 HOGE ROAD<br>RENO, NV 89506                  | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| GEROLD DERMID, JR.<br>716 HELVETIA AVE<br>RENO, NV 89502              | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| PAUL DUGAN, SUPERINDENDENT<br>425 EAST NINTH STREET<br>RENO, NV 89520 | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| ELZA M. MAJOR<br>1575 HAVENCREST DRIVE<br>RENO, NV 89523              | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| KEVIN QUINT<br>2077 BLUES CT.<br>FALLON, NV 89406                     | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| MAURY CENTENO<br>451 EAGLE STATION LANE<br>CARSON CITY, NV 89701      | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |
| EDUARDO REYES<br>6100 NEIL ROAD<br>RENO, NV 89502                     | BOARD MEMBER<br>PT       | 0.                | 0.                           | 0.                 |

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DIEGO MARTIN  
P.O. BOX 57  
SPARKS, NV 89432

BOARD MEMBER  
PT

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

0. 0. 0.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

NEVADA HISPANIC SERVICES, INC.

FORM 990 PAGE 2

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

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount. See instructions for a higher limit for certain businesses  | 1                            | 102,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | 410,000.         |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2003 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12   | 13                           |                  |

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

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

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

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

**Section A**

|    |  |    |        |
|----|--|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2004   | 17 | 1,266. |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |        |

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 1,266. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |

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

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

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

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

**Section B - Information on Use of Vehicles**

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

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

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

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

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

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

**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|--|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| <b>42</b> Amortization of costs that begins during your 2004 tax year:           |                                    |                              |                        |   |                                      |
|  |                                    |                              |                        |   |                                      |
| <b>43</b> Amortization of costs that began before your 2004 tax year             |                                    |                              |                        |   | <b>43</b>                            |
| <b>44</b> Total. Add amounts in column (f). See instructions for where to report |                                    |                              |                        |   | <b>44</b>                            |

## APPENDIX III

### APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete CDBG application. Applications that contain all relevant information and required attachments will receive prompt review.

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

- Grant Cover Sheet.
- Grant Application completed and signed by Agency representative.
- Section I: Project Description and Needs Analysis.
- Section II: Project Measurement.
- Section III: Goals and Objectives.
- Section IV: CDBG Project Budget.
- Section V: Project Administration.
- Appendix I: Subrecipient Questionnaire *(if applicable)*.
- Appendix II: Index of Attachments.

## ENABLING YOUTH<sup>1</sup>

### ENabling Adolescents to Become Leaders In Neighborhood Growth

The **Building A Better Neighborhood Project** under CDBG funding will become a public service program named ENABLING Youth. The lessons, experiences, and skill development will provide vulnerable, at-risk youth, the essential tools to become leaders in their neighborhoods. The program most importantly gives them a CHOICE to utilize their time and talent to develop themselves rather than succumb to the influences of gang life. This healthy alternative gives them real opportunities to contribute productively to the betterment of the community, and affect the negative stereotype that often handicaps minority Youth.

Youth are provided a number of incentives before, during and after the completion of the program. The program will raise additional funds from local businesses and agencies to provide a scholarship fund for successful graduates earning a minimum of 100 hours. The goal of the Enabling Youth Program is to award \$250 to each participant that fulfills the requirements and meets the criteria. The scholarships will be used toward Youth training, education, or other skill developmental activities and will be administered through Nevada Hispanic Services Carson City.

| Enabling Youth         | CDBG Incentives – In Program | Post Completion Scholarship Funds |
|------------------------|------------------------------|-----------------------------------|
| CDBG – In Program      | 5000                         |                                   |
| Business Donations     |                              | 5000                              |
| Youth Agency Donations |                              | 2000                              |
| Other Foundations      |                              | 3000                              |
| Private Individuals    |                              | 2500                              |
| City & Government      |                              | 2500                              |

Total Program Incentives – 20,000

Initial Year Scholarships - Total \$15,000, 50 participants

<sup>1</sup> APPENDIX 4, CDBG GRANT NHSCC 2007