

Item # 10c

**City of Carson City
Agenda Report**

Date Submitted: February 15, 2007

Agenda Date Requested: March 1, 2007

Time Requested: 30 minutes

To: Board of Supervisors

From: City Manager's Office

Subject Title: Action to review, evaluate and recommend for approval the Community Development (CDBG) project funding priorities for FY2007-08, and to open a 30-day public comment period from March 15 – April 13, 2007 for review of the Carson City CDBG 2007-08 Annual Action Plan to implement Department of Housing and Urban Development (HUD) programs associated with the Community Development Block Grant (CDBG) Program.

Staff Summary: As of February 15 the federal government hasn't yet approved the fiscal year 2007 and is therefore operating on a continuing resolution that sets the 2007 CDBG budget at the same level of 2006. In 2006 the amount awarded to Carson City was \$457,592. A maximum of fifteen percent (15%), or \$68,639, is available for public services activities. Sixty-five percent (65%), \$297,435 is earmarked for public facilities and improvements. A maximum of twenty percent (20%), \$91,518, is allocated to planning, research, reports and administrative functions. A community-based application review workgroup oversaw the application review process and ranked the applications.

Type of Action Requested: (check one)
☐ Resolution ☐ Ordinance
☒ Formal Action/Motion ☐ Other (Specify) - None

Does This Action Require A Business Impact Statement: ☐ Yes ☒ No

Recommended Board Action: I move to recommend for approval the Community Development Block Grant project funding priorities for FY2007-08 and action to open a 30-day public comment period from March 15 – April 13, 2007, for review of the Carson City CDBG 2007-08 Annual Action Plan to implement Department of Housing and Urban Development (HUD) programs associated with the Community Development Block Grant (CDBG) Program.

Explanation for Recommended Board Action: CDBG's national objectives include awarding projects that focus a maximum priority on one of the following:

1. Provide primary benefit low-to-moderate income (LMI) persons/households
2. Aid in the prevention or elimination of slums or blight
3. Meet other development needs having a particular urgency

Projects may include a range of activities directed at improved facilities and services and economic development. Letters were sent to the non-profit community and two public application workshops were held. As a result, seven proposals for public services and three for public improvements were received. The requests for funding total more than the amounts available for both public services and public facilities and improvements. The application review workgroup evaluated and ranked the applications, then made funding recommendations based on both meeting the CDBG national objectives and the community priorities as determined in Carson City's Five-Year Consolidated Plan, which was approved in 2004 for 2004-2009.

Once the Board has reviewed, discussed and approved the proposed CDBG funding proposals, they will be incorporated into Carson City's CDBG 2007-08 Annual Action Plan. Part of the HUD requirements is to have a 30-day period for the public to comment on the Action Plan. We request that the Board direct staff to open the draft Annual Action Plan for public comment from March 15 through April 13, 2007. At the May 3, 2007, meeting, the Board of Supervisors will discuss, review, amend and approve the Annual Action Plan based on public comment and recommendations and then forward its document to HUD for final consideration.

Applicable Statue, Code, Policy, Rule or Regulation: Title 1 of the Housing and Community Development Act of 1974, Public Law 93-383 as amended; 42 U.S.C.-5301 *et seq.*

Fiscal Impact: N/A

Explanation of Impact: N/A

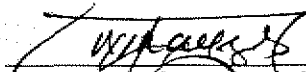



Funding Source: N/A

Alternatives: Provide other direction.

Supporting Material: Staff has attached a detailed memo that lists Public Services and Public Improvements and Facilities projects for the Board to consider for funding in the CDBG 2007-08 Annual Action Plan.

Prepared By: Javier Ramirez, Citizen Outreach/CDBG Coordinator

Reviewed By:


(Department Head)

(City Manager)

(District Attorney)

(Finance Director)

Date: 2/20/07

Date: 2/20/07

Date: 2-20-07

Date: 2/20/07

Board Action Taken:

Motion: _____

1) _____
2) _____

Aye/Nay

(Vote Recorded By)

To: Board of Supervisors
From: Javier Ramirez, Citizen Outreach/CDBG Coordinator
Date: February 21, 2007
Subject: CDBG 2007-08 Funding Proposals

Below is a summary list of the CDBG funding proposals and recommendations for the 2007-08 fiscal year, as ranked by the Application Review Workgroup. The Application Review Workgroup consisted of four community members, and the City's Community Relations Officer. We held two public meetings in early January and solicited applications through February 2 for public services and for public facilities and improvements. In late February the review workgroup held a publicly noticed meeting where they were able to converse with applicants directly and hear comments from the public. Using detailed ranking criteria, they were charged with scoring, ranking and evaluating proposed project applications for completeness, community need and compliance with HUD requirements. Copies of the applications are attached.

Public Services Rankings/Recommendations:

- 1) Project Name:** Reach Up
Agency: Ron Woods Family Resource Center
Funding Request: \$31,520
Recommendation: \$31,520
(with an average score of 92.4%)
Description: Carson City youth are dangerously underserved when it comes to mental health services and counseling dealing with family crisis, loss of a loved one, drug, alcohol and sexual abuse issues, suicide prevention and loss or death of family and friends. Currently, family mental health issues are addressed through cost prohibitive private therapy and the highly utilized state mental health service providers. State mental health service providers are many times the only option for low income families. Unfortunately, families are not able to schedule appointments in an urgent and or consecutive manner as the waiting time can be unreasonable when a child is in need. Reach Up counseling will consist of up to 10 individual weekly counseling sessions per youth with a qualified mental health professional and referral to the weekly Reach Up support group for ongoing support and follow-up. Reach Up will offer bilingual services to insure outreach to the Hispanic community as well. Requested funds would mostly go toward wages for counselors. The Application Review Workgroup recommends fully funding this proposal.

2) Project Name: Methamphetamine Treatment Project

Agency: Community Counseling Center

Funding Request: \$58,343

Recommendation: \$37,119 (or the remainder of available funds)
(with an average score of 72.6%)

Description: The numbers of clients reporting methamphetamine use has risen from 29% in 2004 to 55% in 2005 and has stayed around 53% in 2006. This position will be to case manage these clients through a unique recovery process, thereby reducing recidivism in the methamphetamine-addicted population. This project is intended to address the specific treatment needs of methamphetamine users by continuing to fund a full-time staff position. This full-time staff position allows for more unique treatment groups for methamphetamine addiction, case management of these clients, to lengthen treatment to prevent relapse, and to make substance abuse evaluations available to the justice system at low or no cost. Community Counseling Center believes their drug court statistics show that criminal recidivism has decreased with the treatment they are providing. The Application Review Workgroup recommends funding this proposal in the lesser amount of \$37,119 (or the remainder of available funds) in order to continue funding a counseling position.

TOTAL FOR THESE 2 PROJECTS = \$68,639

(Total CDBG allocation for public services projects. This assumes that the budget for FY 2007-2008 remains the same as FY 2006-2007.)

The following are the additional Public Services proposals evaluated and ranked by the application review workgroup, but not recommended for funding at this time. They are listed below in ranked order. For a description of the projects, reference the applications.

3) Project Name: Circles of Support Initiative

Agency: Carson City Health and Human Services

Funding Request: \$30,000

Recommendation: \$0

4) Project Name: Access to Health Care Diabetes Management

Agency: Nevada Health Center

Funding Request: \$31,711

Recommendation: \$0

5) Project Name: Do Drop In Homeless Center

Agency: Rural Center for Independent Living

Funding Request: \$20,640

Recommendation: \$0

6) Project Name: Pregnancy Center Medical Transition

Agency: Community Pregnancy Center

Funding Request: \$10,000

Recommendation: \$0

- 7) **Project Name:** **Building a Better Neighborhood Program**
Agency: Nevada Hispanic Services Inc. (Carson City)
Funding Request: \$38,880
Recommendation: \$0

Public Facilities and Improvements Rankings/Recommendations

- 1) **Project Name:** **ADA Sidewalk Improvement – Empire School Area**
Agency: Carson City Public Works
Funding Request: \$267,600
Recommendation: \$267,600
 (with an average score of 94.4%)
Description: There are numerous sidewalks in the Empire Elementary School Area that do not comply with Americans with Disabilities Act (ADA) standards, which hinders the mobility of disabled and ambulatory persons. The project would consist of constructing ADA compliant corner curb ramps at approximately 40 locations in the neighborhood. The residents will benefit from increased accessibility for disabled persons to travel in general, and particularly to the neighborhood school and to bus stops where they can access ADA compliant transit buses. The community in general will benefit from a safer walking environment for all students accessing the neighborhood school. CDBG funds will be used to pay the cost of the contract that will construct the improvements. Carson City will contribute by designing the improvements, managing the construction project, and inspecting the improvements. The Application Review Workgroup recommends fully funding this proposal.

TOTAL FOR THIS PROJECT = \$267,600

(Total CDBG allocation for public improvements projects is \$297,435. This assumes that the budget for FY 2007-2008 remains the same as FY 2006-2007. The remaining \$28,835 will be added to Unallocated Funds from previous years, which currently is \$10,405. The total amount of \$39,240 could be either added to a public facility and improvement project or economic development project.)

The following are the additional Public Facility and Improvement proposals evaluated and ranked by the application review workgroup, but not recommended for funding at this time. They are listed below in ranked order. For a description of the projects, reference the applications.

- 2) **Project Name:** **Multipurpose Playing Fields**
Agency: Boys and Girls Club of Western Nevada
Funding Request: \$253,500
Recommendation: \$0
- 3) **Project Name:** **My Town**
Agency: Children's Museum of Northern Nevada
Funding Request: \$178,300
Recommendation: \$0

**Carson City
City Manager's Office
Community Development Block Grant Program (CDBG)
Fiscal Year 2007-2008**

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

*An electronic version of this document is available from the City Manager's Office
Email request to: jramirez@ci.carson-city.nv.us*

**WHERE TO
TURN IN:** **CARSON CITY
CITY MANAGER'S OFFICE
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: Carson City Public Works
2. Project Title: ADA Sidewalk Improvements – Empire School Area
3. Mailing Address: 3505 Butti Way, Carson City, NV, 89701
Physical Address: 3505 Butti Way, Carson City, NV, 89701
4. Agency Director: Andrew Burnham
5. Board Chairperson: N/A
6. Contact person (see instructions): Patrick Pittenger
Phone number: (775) 887-2355 E-Mail: ppittenger@ci.carson-city.nv.us
Fax: (775) 887-2112
7. What is your funding request for FY 2007-2008? \$ 267,600
8. Type of Grant (Check One):

<u> </u> Public Service <u> </u> Economic Development	<u> X </u> Community Facilities/Improvements <u> </u> Housing Rehabilitation
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9. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation	N/A
Date of IRS certification	N/A
Tax exempt number	N/A

10. DUNS Number: 073787152

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

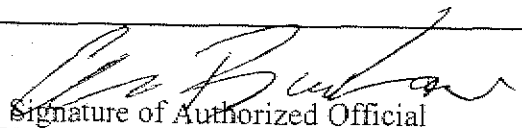
11. Attach the following to each copy of the Proposal for Funding

(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.

 Signature of Authorized Official	February 1, 2007 Date
Andrew Burnham, Public Works Director Typed Name and Title of Authorized Official	(775) 887-2355 Phone Number

 Signature of President of Board of Directors	 Date
 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

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?
There are numerous sidewalks in the neighborhood without corner curb ramps. The lack of ramps means that the sidewalks do not comply with the Americans with Disabilities Act (ADA) and hinders the mobility of disabled and ambulatory persons.
- 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?
As provided under a compliance agreement with the U.S. Department of Justice, Carson City currently provides ADA-compliant corner curb ramps when any street is constructed or altered. However, there is a substantial amount of issues that need to be addressed.
- D. What is the project or activity you want to undertake to solve the problem?
The project would consist of constructing ADA-compliant corner curb ramps at approximately 40 locations in the neighborhood bounded by Fairview Drive on the east, Desatoya Drive on the South, Lompa Lane and Airport Rd on the West, and E. William Street on the north.
- E. How will the proposed project solve the problem?
The result will be improved accessibility within the neighborhood – including improved access to the elementary school and to bus stops of two routes of the JAC transit system. There would also be improved pedestrian access for trips between the neighborhood and other areas.
- F. How will you know if you have successfully solved the problem?
The improvements will result in ADA-compliant infrastructure and the removal of barriers to the mobility of all residents, particularly disabled residents.
- G. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?
Carson City Public Works Department staff will be responsible for the design of the improvements and construction management functions, ensuring that the work is carried-out correctly.

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

CDBG funds will be used to pay the cost of the contract that will construct the improvements. Carson City will contribute by designing the improvements, managing the construction project, and inspecting the improvements upon completion.

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

While other potential funding sources will be pursued, the need for funding for this type of project is enormous. Improvements will be made over time as funds become available. CDBG funding provides a unique opportunity to specifically target improvements to an area with a significant low to moderate income population

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) Empire School area-east-central portion of City

OR ☐ Community-wide (Block Group 1 and 2, Census Tract 10)

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.

This is a stand-alone project, but it is part of an effort to improve the pedestrian environment citywide.

2. Can this project be done in different phases? ☒ Yes ☐ No

If YES, explain.

The more construction of this type of improvement that is made at the same time, the better due to economies of scale and in making it more attractive to potential bidders to encourage more competitive bids. However, the project could be phased due to funding considerations.

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

CDBG funds have not been used in this area, but were recently used on a similar project along Saliman Rd.

L. Ownership Information

1. Who currently holds title to the property involved?

The project will be completed within the public rights-of-way (ROW).

2. In whom will title be vested upon completion?

Improvements in ROW will remain in the ownership of Carson City.

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 ☐ N/A

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.
The number of non-ADA compliant curb corners in the project area will be reduced by approximately 40.
2. Please quantify the **total** number of persons intended to benefit from program/project output.
There are approximately 4,400 persons residing in the project area. These residents would benefit from the project output, as would residents of adjacent neighborhoods, particularly those families with children that attend Empire Elementary School, which is located within the project area.
3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?
In 2000, approximately 60 percent of the total population of the project area, or about 2,600 persons, lived in households with incomes less than \$40,000 a year.
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?)
The residents will benefit from increased accessibility for disabled persons to travel in general, and particularly to the neighborhood school and to bus stops where they can access ADA-compliant transit buses. The community in general will benefit from a safer walking environment for all students accessing the neighborhood school.
5. Please list the name, address, phone number and e-mail of the person responsible to track the performance measurement on this program/project.
Patrick Pittenger, Transportation Manager
Carson City – Public Works Department
3505 Butti Way
Carson City, NV 89701
(775) 887-2355
ppittenger@ci.carson-city.nv.us

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

Any disabled traveler, including school children and transit passengers.

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: N/A

D. How many unduplicated persons/households will benefit from this project?
Approximately 4,000 residents of the project area will benefit from this project.

E. What level of benefit will each person receive?

Numerous school children will benefit every school day – disabled or not. Any person walking in the project area will benefit from a safer environment, with disabled persons particularly benefiting from a removal of barriers to mobility.

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.

N/A

G. For housing projects, please indicate:

The number of homes to be rehabilitated: N/A

The number of persons to be benefited: N/A

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 Total Budget	FY 2007-08 Proposed CDBG Request	FY 2007-08 All Other Funding Sources
Program Expenses			
Salaries and Benefits			
Rent and Utilities			
Mortgage			
Equipment			
Equipment Maintenance & Repair			
Office Supplies			
Operating Supplies			
Postage and Shipping			
Printing and Publications			
Advertising and Promotion			
Subscriptions and Dues			
Liability/Other Insurance			
Professional Fees			
Other project costs: (Specify Below)			
Contractor cost to construct improvements	\$267,600	\$267,600	
In-kind Carson City Public Works	\$16,000		\$16,000
Through project design and management			
TOTALS	\$283,600	\$267,600	\$16,000

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:

Patrick Pittenger, Transportation Manager

(775) 887-2355

ppittenger@ci.carson-city.nv.us

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

Patrick Pittenger, Transportation Manager

(775) 887-2355

ppittenger@ci.carson-city.nv.us

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

Patrick Pittenger, Transportation Manager

(775) 887-2355

ppittenger@ci.carson-city.nv.us

APPENDIX I

CARSON CITY 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.

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

Fiscal Year 2007-2008

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

*An electronic version of this document is available from the City Manager's Office
Email request to: jramirez@ci.carson-city.nv.us*

**WHERE TO
TURN IN:** CARSON CITY
CITY MANAGER'S OFFICE
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: Boys & Girls Clubs of Western Nevada
2. Project Title: Multi-Purpose Playing Fields
3. Mailing Address: 673 S. Stewart Street, Carson City, NV 89701
Physical Address: same
4. Agency Director: Hal Hansen, Chief Professional Officer
5. Board Chairperson: Buzz Fitzpatrick, Chief Volunteer Officer
6. Contact person (see instructions): Kristie M. Traver, Development & Marketing Director
Phone number: 775-882-8820 E-Mail: kristiet@bgcwn.org
Fax: 775-882-0250
7. What is your funding request for FY 2007-2008? \$ 253,500
8. Type of Grant (Check One):
☐ Public Service
☐ Economic Development
☒ Community Facilities/Improvements
☐ Housing Rehabilitation

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

Date of incorporation	March 20, 1991
Date of IRS certification	April 1992
Tax exempt number	88-0269139

10. DUNS Number: 797910460

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

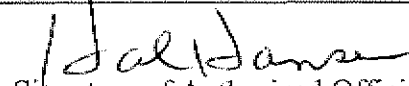
11. Attach the following to each copy of the Proposal for Funding

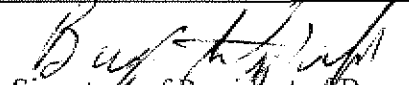
(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right: ☐ Previous recipient / Information on file

- IRS Tax Exempt "501(c)(3)" letter.
- Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- 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).
- 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.

 Signature of Authorized Official	Date <u>2-2-07</u>
Hal Hansen Typed Name and Title of Authorized Official	882-8820 Phone Number

 Signature of President of Board of Directors	Date <u>2/2/07</u>
Buzz Fitzpatrick Typed Name of President of Board of Directors	883-7077 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

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 Boys & Girls Clubs of Western Nevada, currently located in facilities owned by the State of Nevada, needs to relocate its operations as its lease with the State of Nevada is running out and will not be renewable due to the State's plans to build other facilities at the location. The Club also is in serious need of a larger facility as the current location is not large enough to house the ever-growing population of area youth interested in participating in the Club's programs.

In order to relocate to its new location, suitable outdoor fields must be constructed to host youth sports programs and outdoor education programs. Without adequate outdoor fields, the attractiveness of the Club as a safe and educational after-school program will be significantly diminished, and the impact of the Club's programs will also be negatively affected.

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

The proposed field construction project will meet Objective #1: create suitable living environments. Ensuring that our area's youth have adequate and appropriate spaces in which to develop their talents and opportunities is a vital part of a community's living environment.

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

Currently the Club is leasing State-owned space through the City of Carson. The State plans to demolish this facility and pursue other State projects at this location, so the Club has no alternative but to move to a new location.

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

The Boys & Girls Club purchased 17 acres and has already begun construction of a building on that site. A separate project, the construction of outdoor playing fields, must be completed before programs can move to the new location. This request is for funds to construct those outdoor fields. Without fields, over 250 children who attend the Club each day will have no outdoor space in which to play sports, engage in outdoor physical fitness, or learn about their outdoor environment. They will be forced to participate in indoor activities only, significantly reducing the Club's overall attractiveness to, and impact on, young people.

E. How will the proposed project solve the problem?

Constructing outdoor playing fields will ensure that youth attending the Boys & Girls Club have the opportunity to participate in sports leagues and outdoor activities. It will enable the Club to continue offering a variety of physical fitness programs and encourage young people to be physically active, as well as learn about their outdoor environment.

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

The project will be considered a success if a multi-purpose playing field is constructed on the southwest corner of the Club's property on which the Club can offer its current range of outdoor activities, including a soccer league, baseball and softball leagues, flag football leagues, cheerleading, and dozens of other outdoor activities.

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

The Club currently tracks, and will continue to track, via league sign-ups and daily participation counts the number of area youth who participate in each of its outdoor activities.

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

CDBG funds will specifically be used to construct the outdoor multi-purpose playing field, which includes landscaping, irrigation, hydroseeding, and striping of 160,000 SF of space.

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

Should CDBG funds not be awarded for this project, the Boys & Girls Club will be required to seek additional funds from area individuals, foundations, and corporations. This will severely delay the Club's move to its new facility and, depending on the State of Nevada's willingness to extend the Club's lease at its current facility, may result in the Club not being open for area youth until the field is constructed.

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

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

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

The entire project includes the construction of designated baseball/softball fields, soccer/flag football fields, and a multi-purpose fields.

2. Can this project be done in different phases? ☒ Yes ☐ No

If YES, explain.

The Boys & Girls Club has already phased the field construction project. Phase I is the construction of one large multi-purpose field that can be creatively used for multiple outdoor activities. Later phases will include the construction of dedicated baseball/softball fields and a soccer/flag football field.

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

L. Ownership Information

1. Who currently holds title to the property involved?

The Boys & Girls Clubs of Western Nevada

2. In whom will title be vested upon completion?

The Boys & Girls Clubs of Western Nevada

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

 Yes XX No

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

 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.
The Club expects that, once its multi-purpose fields are constructed and it moves into its new facility, it will be able to offer its full range of current programs. These include, on a seasonal basis, Rookie League Baseball, girls softball, flag football, soccer, cheerleading, and several other outdoor activities to an average of 250 local youth each day during the school year, and over 400 youth each day during the summer months, for a total of more than 1,500 unduplicated participants each year.
2. Please quantify the **total** number of persons intended to benefit from program/project output.
Over 1,500 area youth are currently members of the Boys & Girls Clubs of Western Nevada. This represents nearly 25% of the Carson City School District population, and each of these youth members benefits from the construction of outdoor playing fields. Upon moving into its new facility, the Club expects to increase its membership by 15% within the first year.
3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?
The Club's membership is comprised of 67% children from low-to-moderate income families. (29% at 50-80% of area median income, 21% at 30-50% of area median income, and 17% at below 30% of area median income as documented by Club membership applications on which income and family size information is documented).
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?)
Because low-to-moderate income youth have less accessibility to traditional fee-based sports programs, the outcome the Club hopes to achieve is a measurable increase in the number of area youth who have access to sports leagues regardless of their ability to pay, as the Club offers these children sports league participation without fees. Specifically, the Club's projected outcome is that ¼ of its total Club membership (or 375 youth) will participate in at least one of its sports leagues annually, and that at least 67% (or 251 youth) will do so without fees.

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

Diane McCoy, Director of Operations
Boys & Girls Clubs of Western Nevada
673 S. Stewart Street
Carson City, NV 89701
Phone: 882.8820
Email: dianem@bgcwn.org

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.
XXX 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:

<u> </u> Abused Children	<u> </u> Illiterate Persons	<u> </u> Homeless Persons
<u> </u> Battered Spouses	<u> </u> Elderly	<u> </u> Severely Disabled Adults
<u> </u> Migrant Farm Workers	<u>XX</u> Other (Please explain) <u>Youth age 7-18, particularly</u> those from disadvantaged circumstances	

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:

a) The Boys & Girls Clubs of Western Nevada requires membership applications for all youth making use of its facility and programs. The application specifically requires that applicants disclose their total family income and total family size. For those in need of scholarships, the Club further requires that families verify their disclosed income by providing copies of income documents, such as pay stubs, child support decrees, etc.

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

Initially upon opening of the new facility, the Club expects to serve 1,500 unduplicated youth, increasing that number by 15% within its first year of operation at the new location.

E. What level of benefit will each person receive?

Each child attending the Club will have access to all of its sports and outdoor activities, without concern for their ability to pay. Currently the Club offers more than a dozen sports programs as well as daily outdoor activities. The specific level of benefit, beyond access and opportunity, for each child is dependent on their interests as each child is allowed to choose the programs in which he/she participates. Without the outdoor multi-purpose fields, however, a child's array of choices will be significantly reduced.

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.

N/A

G. For housing projects, please indicate: N/A

The number of homes to be rehabilitated: N/A

The number of persons to be benefited: N/A

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 Total Budget	FY 2007-08 Proposed CDBG Request	FY 2007-08 All Other Funding Sources
Program Expenses			
Salaries and Benefits			
Rent and Utilities			
Mortgage			
Equipment			
Equipment Maintenance & Repair			
Office Supplies			
Operating Supplies			
Postage and Shipping			
Printing and Publications			
Advertising and Promotion			
Subscriptions and Dues			
Liability/Other Insurance			
Professional Fees			
Other project costs: (Specify Below)			
Landscape, irrigation, hydroseed	249,600	249,600	
Striping	3,900	3,900	
TOTALS	253,500	253,500	

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:
Hal Hansen, Chief Professional Officer
Phone: 882.8820
Email: halh@bgcwn.org
2. The person directly responsible for on-site supervision of the project, such as a project manager:
John Young
Phone: 691.1148
Email: jonathan.young@metcalfbuilders.com
3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests:
Hal Hansen, Chief Professional Officer
Phone: 882.8820
Email: halh@bgcwn.org

APPENDIX I

CARSON CITY 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: N/A

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	X
2	Proof of incorporation from Secretary of State (Certificate Only)	Page 2	X
3	Current Organization Chart with names of staff members	Page 2	X
4	Current Board of Directors and terms of office	Page 2	X
5	<i>501(c)(3) non-profits:</i> Copy of the most recent Federal Tax Return (Form 990 or 990EX)	Page 2	X
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.

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

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755-7406

#1 IRS Tax Exempt Letter
DEPARTMENT OF THE TREASURY

Date: JUN 20 1996

Employer Identification Number:
88-0269139
Case Number:
956138002
Contact Person:
TYRONE THOMAS
Contact Telephone Number:
(213) 894-2289
Our Letter Dated:
April 1992
Addendum Applies:
Yes

BOYS AND GIRLS CLUBS OF WESTERN
CATHY BLANKENSHIP
PO BOX 1836
CARSON CITY, NV 89702-1836

Dear Applicant:

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

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

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

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

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

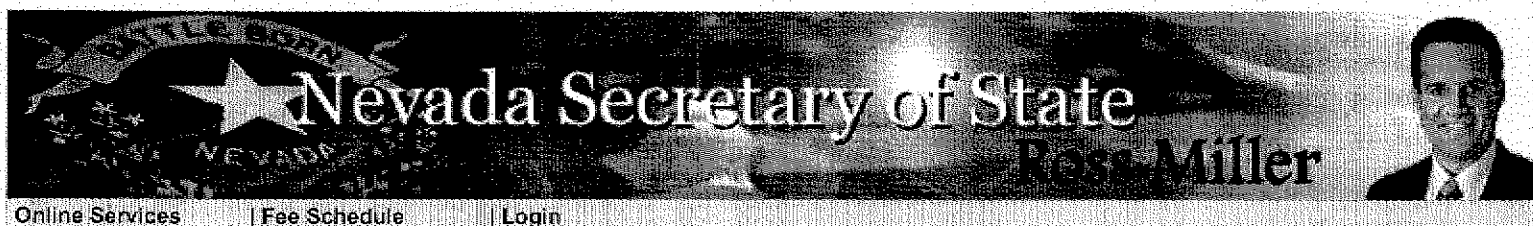
If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Richard R. Orosco
District Director

Letter 1050 (DC/CG)



BOYS & GIRLS CLUBS OF WESTERN NEVADA, INC.

[PRINT](#)

Business Entity Information			
Status:	Active on 7/20/2006	File Date:	3/20/1991
Type:	Dom Non-Profit Coop Corp w/o stock	Corp Number:	C2261-1991
Qualifying State:	NV	List of Officers Due:	3/31/2007
Managed By:		Expiration Date:	3/20/2041

Additional Information	
Name Consent Date:	03/20/1991

Resident Agent Information			
Name:	JAMES R. CAVILIA	Address 1:	402 N. DIVISION STREET
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89703
Phone:		Fax:	
Email:		Mailing Address 1:	PO BOX 646
Mailing Address 2:		Mailing City:	CARSON CITY
Mailing State:	NV	Mailing Zip Code:	89702

[View all business entities under this resident agent](#)

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

Officers		<input type="checkbox"/> Include Inactive Officers	
Secretary - JODY GUNDERMAN			
Address 1:	3078 MARBLE RIDGE CT	Address 2:	
City:	RENO	State:	NV

Zip Code:	89511	Country:	
Status:	Active	Email:	
Director - HAL HANSEN			
Address 1:	4221 PHEASANT DR	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89701	Country:	
Status:	Active	Email:	
President - JOHN TATRO			
Address 1:	2311 ST GEORGE WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89703	Country:	
Status:	Active	Email:	
Treasurer - JEFF VATHAYANON			
Address 1:	11255 BONDSHIRE DR	Address 2:	
City:	RENO	State:	NV
Zip Code:	89511	Country:	
Status:	Active	Email:	

Actions\Amendments[Click here to view 12 actions\amendments associated with this company](#)[New Search](#)[Printer Friendly](#)**SOS Contact Information**

You are currently not logged in

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BOYS & GIRLS CLUBS
OF WESTERN NEVADA

STAFF DIRECTORY

ADMINISTRATION

<u>ADMINISTRATION</u>	<u>Hm. Phone</u>	<u>Voice</u>	<u>Position</u>	<u>E-mail</u>
All Day Phone	882-8820 ph			
All Day Fax	882-0250 fx			
HAL HANSEN	315-0403 cl	11	Chief Professional Officer	halh@bgcwn.org
MARCI HARRELL	246-1438	12	Administrative Assistant	marcih@bgcwn.org
DIANE McCOY	463-7734 530-7603 cl	10	Director of Operations	dianem@bgcwn.org
WAYNE NELSON	884-1816	17	I.S. Manager	waynen@bgcwn.org
KRISTIE TRAVER	378-6520 cl	29	Development & Marketing Director	kristiet@bgcwn.org (home) kristiemaureen@aol.com

MAIN CLUB HOUSE

<u>MAIN CLUB HOUSE</u>	<u>Hm. Phone</u>	<u>Voice</u>	<u>Position</u>	<u>E-mail</u>
All Day Phone	882-8820 ph			
All Day Fax	882-0250 fx			
MELINDA FOWLER	267-9787 745-1638 cl	14	Unit Director	melindaf@bgcwn.org
DARNELL DEAN	841-4016	13	Teen Center Director	darnelld@bgcwn.org
MANDY FOSTER	297-2728 cl	27	Education Director	mandyf@bgcwn.org
ZANE COLE	882-1642 hm 450-6047 cl	28	Athletic Director	zanec@bgcwn.org
DAN McLAUGHLIN	230-5726 cl	16	Middle School Director	danm@bgcwn.org
JUSTIN WASS	720-2444	23	Outreach Coordinator	justinw@bgcwn.org
THE CORY RENSHAW	220-2533 cl		Computer Room Coordinator	coryr@bgcwn.org
JAMIE CONVIS	316-0392	25	Receptionist / Front Counter	
DAVID BARRAGAN	230-1863		Games Room Coordinator	
NATALIE ARNESON	230-5403		Development & Marketing Assistant	
SARAH BARRAGAN	720-8359 cl		Y.D.P. * Substitute	
TERRESSA BAKER	291-7353 cl		Y.D.P. * Athletic Assistant	
CHRISTOPHER ROSALES	443-0228		Y.D.P. * Athletic Assistant	
MEGAN ELLINGTON	450-8681 cl		Y.D.P. * Power Hour	
ROZALYNN FOWLER	267-9787		Y.D.P. * Substitute	
COLLEN PATTERSON	884-1721 hm 291-2841 cl		Y.D.P * Art Room	

MAHLON MACHADO	694-2504	Y.D.P. * Athletic Assistant
JUSTIN TALLEY	884 - 3671	Games Room Assistant
KATE PIER	450-4448	Y.D.P. * Athletic Assistant

MENTOR CENTER

<u>Hm. Phone</u>	<u>Position</u>	<u>E-mail</u>
All Day Phone	Room 104B – Reynolds Building	wncc.edu/mentor (website only)
All Day Fax		
445-3346 ph		
445-3160 fx		
RUTH GORDON	885-9150 240-1132 cl	Mentor Center Director ruthg@bgcwn.org
JACKIE BLEY	885-9131	IMPACT Coordinator
WILLIAM BLEY	883-2997 530-0236cl	IMPACT Coordinator

BORDEWICH SITE

<u>Hm. Phone</u>	<u>Voice</u>	<u>Position</u>	<u>E-mail</u>
All Day Phone			
224-5594 cl			
STEPHANIE BORDA	250-2284 cl 220-2366 cl	24 Dolphin Club Site Coordinator	stephanieb@bgcwn.org
SHARON ARNO	267-9800	Y.D.P. * Dolphin Club Assistant	
LESLIE BORDA	882-5313 721-6554 cl	Y.D.P. * Dolphin Club Assistant	

CARSON VALLEY

All Day Phone	443-7642
----------------------	-----------------

VOLUNTEERS

<u>Hm. Phone</u>
JEAN HESSE
882-1638
JEAN MOLTZ
883-3099
BOB PHELPS
888-9589
JO-DEE SURFACE
882-3133
DOROTHY THOMPSON
267-5552

Boys and Girls Clubs of Western Nevada

Board of Directors 2006

*Term Durations Are One Year
*Board Members Reviewed Annually

Heather Anderson Board Member heather.anderson@irwinunion.com Husband: Bruce B-Day: 10/4	1179 Scenic Park Terrace Reno, NV 89521 * <u>Business</u> Irwin Union Bank 1717 E. College Parkway Carson City, NV 89706	h 853-4316 c 230-5472 w 886-6905 fx 886-6910
Gary Andreas Board Member no2bait@aol.com Wife: Joan B-Day: 3/24	* 3 Yorktown Circle Carson City, NV 89703 <u>Business</u> Retired; State Farm Insurance	h 882-0353 c 720-6522 fx 882-6200
John DiMambro Board Member jdimambro@nevadaappeal.com Wife: Jennifer B-Day: 10/8	1653 Sonoma St. Carson City 89701 * <u>Business</u> Nevada Appeal 580 Mallory Way Carson City, NV 89701	h 883-1079 w 881-1269 fx 887-2426
Buzz Fitzpatrick First Vice President bfitzpatrick@lumosenengineering.com B-Day: 9/29	2366 Kingsview Way Carson City, NV 89703 * <u>Business</u> Lumos & Associates 800 East College Parkway Carson City, NV 89701	h 885-8211 c 691-4289 w 883-7077 fx 883-7114
Kenny Furlong Board Member kfurlong@ci.carson-city.nv.us Wife: Phyllis B-Day: 6/4	1233 Windridge Dr. Carson City, NV 89706 * <u>Business</u> Carson City Sheriff 901 E. Musser St. Carson City, NV 89701	h 841-3553 w 887-2020 ext. 1900 fx 887-2026
Jody Gunderman Secretary jody.gunderman@hdfsi.com Wife: Deborah B-Day: 3/17	3078 Marble Ridge Ct. Reno, NV 89511 * <u>Business</u> Harley Davidson Financial 3850 Arrowhead Dr. Carson City, NV 89706	h 853-2096 c 720-6180 w 886-3116 fx 886-3984
Juan Guzman Board Member jguzman@ci.carson-city.nv.us Wife: Teri B-Day: 4/26	420 Divorte Rd. Gardnerville, NV 89460 * <u>Business</u> Carson City Parks and Recreation 3303 Butti Way Carson City, NV 89701	h 265-5010 c 690-7671 w 887-2115 ext.1004 fx 887-2145

Lori Haney Board Member lhaney@bbnv.com Husband: Gregg B-Day: 4/20	1672 Divot Rd. Carson City, NV 89701 <u>*Business</u> Business Bank of Nevada 1811 E. College Pkwy. Carson City, NV 89706	h 885-7459 c 848-9073 w 885-1220 fx 885-1238
Brian Hutchins Board Member hutchinsfamily@sbcglobal.net Wife: Hope B-Day: 8/18	*3658 Spade Bit Court Carson City, NV 89701 <u>Business</u> Consultant - BH Consulting LLC. Retired; Chief Dep. Att'y Gen. P.O. Box 2366 Carson City, NV 89702-2366	h 882-6882 w 883-8555
Helaine Jesse Board Member jesse@scs.unr.edu B-Day: 10/21	7095 Iron Mountain Blvd Stagecoach, NV 89429 <u>*Business</u> 2201 W. College Parkway Carson City, NV 89703	h 629-9674 c 315-3757 w 445-3240 wc 691-4236
Dr. Joseph McEllistrem Board Member jemcellistrem@yahoo.com Wife: Lisa B-Day: 2/13	103 N. Mountain St. Carson City, NV 89703 <u>*Business</u> Forensic Psychologist 329 W. 5 th St. Carson City, NV 89703	h 883-0395 c 315-2301 w 883-6694 fx 883-6455
Dr. Mary Pierczynski Board Member mpierczy@carson.k12.nv.us Husband: Ed B-Day: 5/16	7040 Franktown Rd. Carson City, NV 89704 <u>*Business</u> Superintendent Carson City School District PO Box 603 Carson City, NV 89702	h 883-6876 w 283-2100 fx 283-2090
Dennis Redmond Board Member dennis.redmond@swgas.com Wife: Debi B-Day: 8/21	2636 Maple Shade Pl. Carson City, NV 89703 <u>*Business</u> Southwest Gas P.O. Box 1190 Carson City, NV 89702	h 884-2419 w 887-2743 fx 884-3027
Sheila Reinhart Board Member sreinhart@ealoans.com Husband: Terry B-Day: 3/29	2126 Courtside Circle Carson City, NV 89703 <u>*Business</u> Elliot Ames Mortgage Services P.O. Box 2151 Carson City, NV 89702	c 220-1095 w 888-6262 CC fx 888-6263 CC w 828-6262 R
Brenda Robertson Board Member brenda@ramac.com Husband: Raymond B-Day: 5/26	*3541 Mont Blanc Ct. Carson City, NV 89705-7023 <u>Business</u> RAMAC Industries 2527 Aviation Way Minden, NV 89423	h 267-3960 w 267-2300 ext. 225 fx 267-1202

Coby Rowe Board Member coro@wnsl.com Wife: Julie B-Day: 8/12	1171 Sageberry Ct. Reno, NV 89509 <u>Business</u> Western Nevada Supply 5445 S. Carson St. Carson City, NV 89701	h 329-0231 w 882-0900 c 315-3900 fx 882-7813
Jennifer Russell Immediate Past President jennifer@carsonstation.com B-Day: 6/4	2366 Kingsview Way Carson City, NV 89703 <u>*Business</u> Carson Station 900 S. Carson St. Carson City, NV 89701	h 885-8211 c 721-9307 w 883-0900
Ryan Russell Board Member rrussell@allisonmackenzie.com B-Day: 4/17	1130 Stonewall St. Carson City, NV 89701 <u>*Business</u> Allison, MacKenzie, Russell, et al 402 N. Division St. Carson City, NV 89703	c 450-9533 w 687-0202 fx 882-7918
John Tatro President jtatro@ci.carson-city.nv.us Wife: Kathy B-Day: 2/19	*2311 St. George Way Carson City, NV 89703 <u>Business</u> Justice of Peace, CC Justice Court 855 E. Musser St. #2207 Carson City, NV 89701	h 883-1308 c 291-3426 w 887-2378 fx 887-2351
Kathy Tatro Second Vice President ktatro@cbbestsellers.com Husband: John B-Day: 9/7	2311 S. George Way Carson City, NV 89703 <u>*Business</u> Coldwell Banker Best Sellers 123 W. 2nd Street Carson City, NV 89703	h 883-1308 c 721- 1848 w 881-7904 fx 882-6932
Marv Teixeira Board Member mteixeira@ci.carson-city.nv.us Wife: Liz B-Day: 2/19	2424 Carriage Crest Carson City, NV 89706 <u>*Business</u> Mayor of Carson City City Executive Offices 201 North Carson Street, Suite 2 Carson City, NV 89701	h 885-2225 c 230-2737 w 887-2101 ext. 1212 fx 887-2286
Jeff Vathayanon Treasurer jeff@fwcpas.com B-Day: 4/29	11255 Bondshire Dr. Reno, NV 89511 <u>*Business</u> Freeman & Williams 3470 G.S. Richards Blvd. Carson City, NV 89703	h 815-5916 w 882-3201 fx 882-2593
Dr. Andrea Weed Board Member akweed@juno.com	<u>*Business</u> Tumbleweed Medical Group 1007 N. Curry Ste. 300 Carson City, NV 89703	w 841-2100

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) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 65,993.	0.	32,997.	32,996.
26 Other salaries and wages	26 551,780.	451,076.	58,128.	42,576.
27 Pension plan contributions	27 51,625.	36,024.	8,388.	7,213.
28 Other employee benefits	28 40,427.	27,944.	7,736.	4,747.
29 Payroll taxes	29 52,474.	38,791.	7,482.	6,201.
30 Professional fundraising fees	30			
31 Accounting fees	31 8,863.		8,863.	
32 Legal fees	32			
33 Supplies	33 87,692.	73,277.	14,205.	210.
34 Telephone	34 5,234.		5,234.	
35 Postage and shipping	35 3,638.		3,327.	311.
36 Occupancy	36			
37 Equipment rental and maintenance	37 10,475.		4,866.	5,609.
38 Printing and publications	38 24,336.	2,500.	1,586.	20,250.
39 Travel	39 103,015.	102,910.		105.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 20,777.	15,913.	4,717.	147.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g See Statement 4	43g 245,406.	183,745.	45,576.	16,085.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,271,735.	932,180.	203,105.	136,450.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** See Statement 5

Form 990 (2005)

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

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.

What is the organization's primary exempt purpose? ► See Statement 6

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 PROVIDED RECREATIONAL PROGRAMS FOR 1,414 YOUTH DURING NON-SCHOOL HOURS

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

738,588.

b MENTORED 64 AT RISK YOUTH

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

68,086.

c PROVIDED ATHLETIC PROGRAMS FOR OVER 1,000 YOUTH

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

50,423.

d PROVIDED LIFE-SKILLS PROGRAM FOR 43 YOUTHS

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

40,032.

e Other program services (attach schedule) See Statement 7

(Grants and allocations \$

) If this amount includes foreign grants, check here ► ☐

35,051.

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

932,180.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	130,235.	189,339.	
	46 Savings and temporary cash investments	1,345,255.	1,354,150.	
	47 a Accounts receivable	18,078.		
	b Less: allowance for doubtful accounts		18,078.	
	48 a Pledges receivable	332,254.		
	b Less: allowance for doubtful accounts	43,148.		
	49 Grants receivable	393,446.	289,106.	
	50 Receivables from officers, directors, trustees, and key employees	174,511.	314,786.	
	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	6,165.	15,840.	
	54 Investments - securities Stmt 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	113,418.	123,202.	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation			
56 Investments - other				
57 a Land, buildings, and equipment: basis	544,058.			
b Less: accumulated depreciation Stmt 9	139,869.			
58 Other assets (describe ▶ See Statement 10)	395,364.	404,189.		
59 Total assets (must equal line 74). Add lines 45 through 58	478,685.	818,339.		
Liabilities	60 Accounts payable and accrued expenses	3,037,079.	3,527,029.	
	61 Grants payable	8,502.	120,251.	
	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 ▶ See Statement 11)	3,125.	23,329.	
	66 Total liabilities. Add lines 60 through 65	11,627.	143,580.	
	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	1,421,643.	1,831,561.
68 Temporarily restricted		1,603,809.	1,551,888.	
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)		3,025,452.	3,383,449.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,037,079.	3,527,029.	

Part VI Other Information (continued)

		Yes	No
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	57,492.
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	N/A
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?	85b	N/A
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.			
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? 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.		
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? 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, 2005	90b	28
91 a	The books are in care of ▶ The Organization Telephone no. ▶ 775-882-8820		
	Located at ▶ 673 STEWART ST, CARSON CITY, NV ZIP + 4 ▶ 89702		
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 ▶ N/A	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a FIELD TRIPS					20,003.
b TRACK BREAK FEES					4,920.
c OTHER PROGRAM FEES					2,053.
d ADVERTISING	541800	5,275.			
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					12,967.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	20,512.	
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 other than inventory					
101 Net income or (loss) from special events			01	275,608.	
102 Gross profit or (loss) from sales of inventory			03	9,281.	
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		5,275.		305,401.	39,943.
105 Total (add line 104, columns (B), (D), and (E))					350,619.

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 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).

93a FIELD TRIPS PROVIDE ENHANCED RECREATIONAL EXPERIENCES

93b TRACK BREAK FEES PROVIDE A DAY CAMP PROGRAM TO KIDS IN YEAR-ROUND SCHOOLS WHO ARE ON BREAK AT DIFFERENT TIMES

93c OTHER PROGRAM FEES SUPPORT VARIOUS SPECIAL ACTIVITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

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 agent) based on all information of which preparer has any knowledge.

Please Sign Here: Signature of officer: **HAL HANSEN, CHIEF PROFESSIONAL** Date: _____

Paid Preparer's Use Only: Preparer's signature: _____ Date: _____ Check if self-employed: ☐ Preparer's SSN or PTIN: _____

Firm's name (for self-employed, address, and ZIP + 4): **CROSSLEY, SANADA & SKIBINSKI, LLC** EIN: _____
896 W NYE LN #102
CARSON CITY, NV 89703 Phone no.: **775-841-8040**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2005

Name of the organization **BOYS & GIRLS CLUBS OF WESTERN NEVADA** Employer identification number **88 0269139**

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
SHEEHAN, VAN WOERT, BOGITTI ARCHITECTS 300 S WELLS, STE 1, RENO, NV 89502	ARCHITECTURAL SERVICES (NEW BLD)	65,109.
ATTILLA ENVIRONMENTAL PO BOX 5168, OCEANSIDE, CA 92052	ENVIRONMENTAL SERVICES (NEW BLD)	64,344.

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.)		X
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?		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)? See Part V-A, Form 990	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
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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) 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.)	1,037,045.	1,038,253.	2,926,161.	880,511.	5,881,970.
16 Membership fees received	11,314.	58,588.	11,590.	2,522.	84,014.
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	283,261.	224,624.	35,850.	42,719.	586,454.
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	6,177.	4,830.	2,983.	2,522.	16,512.
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	57,660.				57,660.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,395,457.	1,326,295.	2,976,584.	928,274.	6,626,610.
24 Line 23 minus line 17	1,112,196.	1,101,671.	2,940,734.	885,555.	6,040,156.
25 Enter 1% of line 23	13,955.	13,263.	29,766.	9,283.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
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 N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					26d N/A
22 _____ 26b _____					26e N/A
e Public support (line 26c minus line 26d total)					26f N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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) 0. (2003) 0. (2002) 0. (2001) 0.					
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) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 5,881,970. 16 84,014.					27c 6,610,098.
17 586,454. 20 57,660.					27d 0.
d Add: Line 27a total 0. and line 27b total 0.					27e 6,610,098.
e Public support (line 27c total minus line 27d total)					27f 99.7508%
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f 6,626,610.				27g 99.7508%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 2492%
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.	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?	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?	31	
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?	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?	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?	33h	
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?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2005

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**

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

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

		N/A	
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 -			
If the amount on line 40 is -			
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	41	
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	\$1,200,000		
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 fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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:

- 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
		0.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF WESTERN NEVADA

88-0269139

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

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

Special Rules—

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF WESTERN NEVADA

88-0269139

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILBUR MAY FOUNDATION 4303 CUTTING HORSE CIR. RENO, NV 89509	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2005 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
2	LAND-RUSSEL RD	071999L				333,161.			333,161.			0.
	* 990 Page 2 Total					333,161.		0.	333,161.	0.	0.	0.
	Other											
	Program Services											
3	picnic tables	051899SL		7.00	16	4,459.			4,459.	3,581.		637.
4	1998 FORD VAN	042899SL		5.00	16	20,470.			20,470.	20,470.		0.
5	1995 VAN	042899SL		5.00	16	9,000.			9,000.	9,000.		0.
6	PORTABLE TRAILER	070199SL		20.00	16	45,374.			45,374.	12,482.		2,269.
7	1989 FORD SHUTTLE VAN	010500SL		5.00	16	6,000.			6,000.	5,984.		0.
8	DIGITAL PROJECTOR	062501SL		5.00	16	7,500.			7,500.	5,273.		1,500.
9	PORTABLE STAGE	070401SL		5.00	16	9,540.			9,540.	6,660.		1,908.
10	BOUNCE HOUSE	120602SL		5.00	16	2,849.			2,849.	1,179.		570.
11	BAUMANN POOL TABLE	063093SL		7.00	16	500.			500.	500.		0.
12	SLATE POOL TABLE	063093SL		7.00	16	700.			700.	700.		0.
13	POOL TABLE	063093SL		7.00	16	500.			500.	500.		0.
14	MILK COOLER	011300SL		7.00	16	2,000.			2,000.	1,420.		286.
15	PLAYGROUND BACKSTOPS	063093SL		7.00	16	663.			663.	663.		0.
16	BICYCLE RACK	063093SL		7.00	16	194.			194.	194.		0.
17	FEETBALL SETS	063093SL		5.00	16	100.			100.	100.		0.

525102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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
18	VOLLEYBALL SETS	063093SL		5.00	16	309.			309.	309.		0.
32	SHUTTLE VAN	030602SL		5.00	16	27,500.			27,500.	15,490.		5,500.
33	COMPUTER LAB EQUIPMENT	050105SL		5.00	16	24,323.			24,323.			3,243.
	* 990 Page 2 Total Program Services					161,981.		0.	161,981.	84,505.	0.	15,913.
	Management and General											
193	B/C; 3 DESKS; HUTCH	122000SL		7.00	16	2,373.			2,373.	1,377.		339.
21	LAPTOPS	083102SL		5.00	16	4,142.			4,142.	1,931.		828.
22	PRINTERS	083102SL		5.00	16	3,058.			3,058.	1,426.		612.
23	COMPUTER DESK	013098SL		7.00	16	1,146.			1,146.	1,134.		12.
24	COMPUTER CTR	063093SL		5.00	16	3,245.			3,245.	3,245.		0.
25	PHONE SYSTEM	020596SL		5.00	16	2,187.			2,187.	2,187.		0.
26	HP 6L PRINTER	080397SL		5.00	16	399.			399.	399.		0.
27	PENTIUM COMPUTERS	110299SL		5.00	16	10,180.			10,180.	10,014.		0.
28	COMPUTER SYSTEM	120100SL		5.00	16	12,633.			12,633.	10,314.		2,316.
30	DESK, HUTCH, BOOKCASE	041400SL		7.00	16	1,037.			1,037.	698.		148.
	FILING CABS, SAFE &											
31	LAMNT	122000SL		7.00	16	3,237.			3,237.	1,862.		462.
	* 990 Page 2 Total Management and General					43,637.		0.	43,637.	34,587.	0.	4,717.
	Fundraising											

PORT
Form 990 Page 2

Form 990 Page 2

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
34	DONOR PERFECT SOFTWARE	12/01/05		36M	42	5,279.			5,279.			147.
	* 990 page 2 Total Fundraising					5,279.		0.	5,279.	0.	0.	147.
	* Grand Total 990 Page 2 Depr & Amort					544,058.		0.	544,058.	119,092.	0.	20,777.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990

Special Events and Activities

Statement 1

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
DINNER/AUCTION	271,620.		271,620.	16,637.	254,983.
CHILI COOKOFF	5,513.		5,513.	1,300.	4,213.
OTHER EVENTS	16,412.		16,412.		16,412.
To Fm 990, Part I, line 9	293,545.		293,545.	17,937.	275,608.

Form 990

Income and Cost of Goods Sold
Included on Part I, Line 10

Statement 2

Income

1. Gross receipts	17,026	
2. Returns and allowances		
3. Line 1 less line 2		17,026
4. Cost of goods sold (line 13)	7,745	
5. Gross profit (line 3 less line 4)		9,281

Cost of Goods Sold

6. Inventory at beginning of year		
7. Merchandise purchased	7,745	
8. Cost of labor		
9. Materials and supplies		
10. Other costs		
11. Add lines 6 through 10		7,745
12. Inventory at end of year		
13. Cost of goods sold (line 11 less line 12)		7,745

Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
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Description	Amount
GAIN IN VALUE OF SECURITIES	9,784.
ADJUSTMENT TO BEGINNING BALANCE	<12,516.>
Total to Form 990, Part I, line 20	<2,732.>

Form 990	Other Expenses	Statement	4
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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ADVERTISING	62,743.	52,385.	358.	10,000.
AWARDS	1,226.	1,047.	179.	
DUES AND SUBSCRIPTIONS	10,884.		10,639.	245.
FEEES AND CHARGES	4,121.		471.	3,650.
FIELD TRIPS	20,037.	20,037.		
FOOD	54,695.	53,960.	41.	694.
INSURANCE	14,833.	1,733.	13,100.	
MISCELLANEOUS	8,336.	1,476.	6,860.	
TRAINING	18,815.	16,764.	2,051.	
WORKERS COMPENSATION	12,659.	9,358.	1,805.	1,496.
AMORTIZATION	9,246.	9,246.		
CONTRACT SERVICES	9,440.	8,496.	944.	
REPAIRS AND MAINTENANCE	18,371.	9,243.	9,128.	
Total to Fm 990, ln 43	245,406.	183,745.	45,576.	16,085.

Form 990	Officer Compensation Allocation Part II, Line 25	Statement 5
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Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
HAROLD HANSEN	59,982.	6,011.		65,993.
A. Program Services				
B. Management and General	29,991.	3,006.		32,997.
C. Fundraising	29,991.	3,005.		32,996.

Total Program Services				
Total Management and General				32,997.
Total Fundraising				32,996.
Total Officer, etc., Compensation included on Parts V-A and V-B				65,993.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement 6
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Explanation

TO ENABLE ALL YOUTH FROM DIVERSE SOCIAL, ECONOMIC OR DISADVANTAGED CIRCUMSTANCES TO REALIZE THIER FULL POTENTIAL.

Form 990	Other Program Services	Statement 7
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Description	Grants and Allocations	Expenses
PROVIDED PROGRAM TO PREVENT DRUG AND ALCOHOL ABUSE FOR 839 YOUTHS		35,051.
Total to Form 990, Part III, line e		35,051.

Form 990	Non-Government Securities				Statement	8
Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities	
MARKETABLE SECURITIES	FMV	123,202.			123,202.	
To Form 990, line 54, Col B		123,202.			123,202.	

Form 990	Depreciation of Assets Not Held for Investment			Statement	9
Description	Cost or Other Basis	Accumulated Depreciation	Book Value		
LAND-RUSSEL RD	333,161.	0.	333,161.		
picnic tables	4,459.	4,218.	241.		
1998 FORD VAN	20,470.	20,470.	0.		
1995 VAN	9,000.	9,000.	0.		
PORTABLE TRAILER	45,374.	14,751.	30,623.		
1989 FORD SHUTTLE VAN	6,000.	5,984.	16.		
DIGITAL PROJECTOR	7,500.	6,773.	727.		
PORTABLE STAGE	9,540.	8,568.	972.		
BOUNCE HOUSE	2,849.	1,749.	1,100.		
BAUMANN POOL TABLE	500.	500.	0.		
SLATE POOL TABLE	700.	700.	0.		
POOL TABLE	500.	500.	0.		
MILK COOLER	2,000.	1,706.	294.		
PLAYGROUND BACKSTOPS	663.	663.	0.		
BICYCLE RACK	194.	194.	0.		
TETHERBALL SETS	100.	100.	0.		
VOLLEYBALL SETS	309.	309.	0.		
3 B/C; 3 DESKS; HUTCH	2,373.	1,716.	657.		
LAPTOPS	4,142.	2,759.	1,383.		
PRINTERS	3,058.	2,038.	1,020.		
COMPUTER DESK	1,146.	1,146.	0.		
COMPUTER CTR	3,245.	3,245.	0.		
PHONE SYSTEM	2,187.	2,187.	0.		
HP 6L PRINTER	399.	399.	0.		
PENTIUM COMPUTERS	10,180.	10,014.	166.		
COMPUTER SYSTEM	12,633.	12,630.	3.		
DESK, HUTCH, BOOKCASE	1,037.	846.	191.		
FILING CABS, SAFE & LAMNT	3,237.	2,324.	913.		
SHUTTLE VAN	27,500.	20,990.	6,510.		
COMPUTER LAB EQUIPMENT	24,323.	3,243.	21,080.		
DONOR PERFECT SOFTWARE	5,279.	147.	5,132.		
Total to Form 990, Part IV, ln 57	544,058.	139,869.	404,189.		

Form 990	Other Assets	Statement 10
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Description	Amount
LEASHOLD IMPROVEMENTS NET OF AMORTIZATION	12,275.
CONSTRUCTION IN PROGRESS	806,064.
Total to Form 990, Part IV, line 58, Column B	818,339.

Form 990	Other Liabilities	Statement 11
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Description	Amount
ACCRUED COMPENSATED ABSENCES	3,644.
OTHER LIABILITY	19,685.
Total to Form 990, Part IV, line 65, Column B	23,329.

**Carson City
City Manager's Office
Community Development Block Grant Program (CDBG)
Fiscal Year 2007-2008**

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

*An electronic version of this document is available from the City Manager's Office
Email request to: jramirez@ci.carson-city.nv.us*

**WHERE TO
TURN IN:** **CARSON CITY
CITY MANAGER'S OFFICE
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: **Children's Museum of Northern Nevada** _____
2. Project Title: **My Town** _____
3. Mailing Address: 813 North Carson Street, Carson city Nevada 89701 _____
Physical Address: 813 North Carson Street, Carson city Nevada 89701 _____
4. Agency Director: Erin Lehman, Interim Director _____
5. Board Chairperson: Staci Wilke _____
6. Contact person (see instructions): Dee Frewert, _____
Phone number: 775-450-2615 E-Mail: deefrewert@earthlink.com _____
Fax: 775-884-2179 _____
7. What is your funding request for FY 2007-2008? \$ 178,300 _____
8. Type of Grant (Check One):

<input type="checkbox"/> Public Service	<input checked="" type="checkbox"/> Community Facilities/Improvements
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Housing Rehabilitation

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

Date of incorporation	March 7 th , 1990
Date of IRS certification	June 14 th , 1993
Tax exempt number	88-0236615

10. DUNS Number: 79-7910270

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

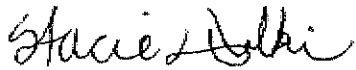
(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right: ☐ Previous recipient / Information on file

- IRS Tax Exempt "501(c)(3)" letter.
- Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- 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).
- 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.

	Feb 2, 2007
Signature of Authorized Official	Date
Erin Lehman	775-230-3900
Typed Name and Title of Authorized Official	Phone Number

	Feb 2, 2007
Signature of President of Board of Directors	Date
Stacie Wilke	775-882-1522
Typed Name of President of Board of Directors	775-884-2226
	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

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?

There is only one family-oriented indoor destinations in Carson City where small children can explore, learn, and safely play, the Children's Museum of Northern Nevada. In cold or foul weather, outdoor playgrounds are not an option. Eating establishments may have a few arcade machines; but the extent of the family experience is only as long as the length of the meal. The Children's Museum of Northern Nevada is the only place in the heart of Carson City that focuses totally on children. Since opening, it has offered a sampling of moderate exhibits. But today, in contrast to the Association of Children's Museum (ACM) standards, the museum is categorized as small and underdeveloped. Its exhibits are considered dated and tired. For the only venue that fills the family destination void to be in such condition, it becomes important, if not urgent, to renovate its interior to reflect the genuine commitment Carson City has for children and families.

In Carson City, children and their parents or caregivers need an indoor place of their own that is safe, engaging, and educational. The **Children's Town Project** will enable the necessary changes needed for the CMNN building to become that "family friendly" place that is set apart from the adult entertainment options (casinos) surrounding it. Imagine a museum world for little people much like the Carson City we know today, and that which we endeavor to "redevelop" as part of the city's Future Master Plan. This is the place that the children will choose to visit as they discover more and more secrets and surprises hidden within Carson City.

It is well known that children ages 1-12 learn best through hand-on experience. They become even more fascinated when they are encouraged to do activities rather than listen to someone telling them "how things work". Children magically transform play into educational play when doing activities alongside their parents. They learn a tremendous amount about history, arts, science, environments, and cultures while they play.

Children will fondly refer to the CMNN as **My Town**. The CMNN is housed in the historic Civic Auditorium building (built in 1939), which is a treasure in itself. The **Children's Town Project**

will construct the replicas of Carson City's buildings among other make believe "**please touch and explore**" pint-sized buildings (exhibits). These buildings are the hands-on exhibit rooms where education and play are one in the same. Today, the Children's Museum of Northern Nevada has a few of these buildings already in place, the Carson Tahoe Hospital Emergency Room, a U.S. Langson Bank, Smith's Grocery Store, and soon to be unveiled the "Our Nevada" State Capital. However, the Museum has struggled to move forward with My Town because of lack of funding to truly develop the complete town concept and provide the underlying educational and interactive tools to optimize the family experience.

The **Children's Town** Project is a public facility project that builds a child sized version of the Carson City area so that families can interact, learn and play with children in a safe, stimulating, and affordable environment.

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

This **Children's Town Project** will create economic opportunities for CMNN and provides an excellent draw for thousands of tourists as well as serves the families and children in the Community.

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

Outside of organized school and sports events, children and their families have no indoor places that serve as a safe refuge. In town agencies pull together programs that provide some of the supplemental education but fall short of providing a "place".

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

The **Children's Town Project** is an interior renovation project of a historic public building that currently houses the Children's Museum of Northern Nevada. The project has 5 major elements:

1. Complete **My Town** Educational Design and Development
2. Interior Renovation of 4,000 Square Feet of exhibit floor space
3. Installation of My Town (Carson City replica) buildings, equipment, interactive exhibits
4. Interior Renovation of 800 Square Feet of 2nd floor space
5. Bringing the building to current safety codes and energy efficiency

E. How will the proposed project solve the problem?

The renovated building will become a showcase for the Carson City by providing an ideal center for children and their parents and caregivers. It will be a children's resource center so that families can build tighter networks to help each other. It becomes a real interactive, hands-on learning center where parents can enjoy their children in an affordable, clean and safe environment. It is also a place where the most treasured parts of Carson City are introduced to children via age-appropriate educational materials and specially designed activities. Children are guided by their parents as to the significance of each of these buildings and other representations of "places" and "play spaces".

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

- Success will be evident when there is a significant and steady increase in general attendance, school group visits, and memberships. The growth in attendance will be checked against national norms of Children's Museums.
- Special Events will also increase in participants.
- Attendee surveys will be conducted with parents, educators, and tourists.

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

- Existing tracking mechanisms are already in place to compile attendance data during regular public hours and special events. These will be graphed and analyzed.
- Surveys will be conducted quarterly and feedback analyzed and factored into improvement plans.

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

CDBG funds will be used to fund the project, specifically:

1. **Completing the My Town Structural & Exhibit Design**
2. **Developing the accompanying Educational Materials**
3. **Renovating and erecting building structural walls and front facades for approximately 4,000 Square Feet of exhibit floor space**
4. **Purchasing or developing and installing My Town (Carson City replica) buildings, equipment, interactive exhibits**
5. **Increasing exhibit and family gathering space on Second Floor. This is an interior renovation of approximately 800 Square Feet of 2 existing rooms on the 2nd floor space.**
6. **Bringing the building to current safety codes and improve its energy efficiency.**

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

The museum will continue to provide its current level of services and not offer educational programming related to the permanent exhibits.

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

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

It is Phase I of the overall **Museum Renovation Plan**.

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

The Children's Museum Renovation Plan addresses necessary improvements in the main interior, basement level and exterior of the building. All improvements support the goal of transforming the CMNN into a family friendly environment.

It represents Phase I of III. Phase II will address the basement level renovations of administrative offices and the renovation of special purpose rooms and common exhibit spaces. Phase III is to address the exterior needs of the building, including signage, parking, and exterior Play structure, front/side entrance platforms.

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

Have CDBG funds been used for an earlier phase? ☐ Yes ☒ No

L. Ownership Information

1. Who currently holds title to the property involved?

Carson City

2. In whom will title be vested upon completion?

Carson City

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.

- Interior renovation of 4900 SQ FT of public space, mixed use space, and children's exhibit space in a historical building, The Civic Auditorium;
- 11 new exhibit rooms (buildings) reflecting Carson City's historical buildings and landmarks;
- 15 educational programs related to the permanent building exhibits;
- Each educational program will have 6 to 12 rotating on site activities for children and their parents and caregivers;
- Four collaborative partnerships with Community Businesses and Agencies that will provide for rotating or visiting Science exhibitions.

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

30,000 children/year general attendance

20,000 adults

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

Approximately 10%

LMI = 3000 children, 2000 adults¹

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?)

Source	Quantifiable Benefits
Building Entrance	13,000 General Attendees/Tourism 2,400 Annual Members 2,800 Special Events, Free with Event
Scheduled and available: - 15 educational programs under each of the building concepts will support	17,400 X 15 ed units for all participants, members, tourists 5,000 Field Trip School Groups
Low-Medium Income: - <i>These are activities that may require assistance for language, interpretation, or general support given disposition/circumstances of participants</i>	5,000 Special Bi-lingual or assisted delivery- Activity Units

¹ With more multi-cultural and free public offerings, there is an expected rise of 20%, or 3600/children per year and 2400 adults/year

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

Stacie Wilke, CMNN Board President

775-882-1522 Business

775-884-2226 Museum

thisisstac@hotmail.com

Dee Frewert, Gryphon Associates, LLC.

775-450-2615

deefrewert@earthlink.net

III. GOALS AND OBJECTIVES

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

 X 1. Project has been identified as part of the local planning process.

On redevelopment area

 X 2. Project addresses a problem that poses a health or safety concern in the community.

Safety code and energy inefficiency issues

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

 X Abused Children

 Illiterate Persons

 Homeless Persons

 Battered Spouses

 Elderly

 Severely Disabled Adults

 Migrant Farm Workers

 X Other (Please explain) **children ages 0-12 and their parents and caregivers; underprivileged minority Youth; Low income Youth and their parents**

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:

NA

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

5,000 households

E. What level of benefit will each person receive?

Included with daily entrance fees are:

- **Educational Programming** – 15 programs, each ½ units, within an 8 hour visit
- **Approximately 6 visits per year**

F. For economic development projects:

a. identify the proposed employers that will be assisted with this project;

- Building Supply Companies: Meeks Lumber, Lowe's, Home Depot.
- Cabinetry, Carpentry: Roberts Molding and Trim, Ralph Denney
- UNRCE Education Support
- WNCC Education Support
- ACM, Association of Children's Museums
- Jay Paulus Professional Design

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;

- The museum will operate on 1 full time employee and part-time employees until volume and activity increase accordingly. However when the Museum reaches this point, consideration can be given to this factor.

c. and explain how they will document the jobs created and the income levels of the persons hired.

- The job description and salaries or hourly rates will be defined and communicated as necessary to comply with this grant. The museum sustains itself on a lean staff and recruitment of committed volunteers.

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 Total Budget	FY 2007-08 Proposed CDBG Request	FY 2007-08 All Other Funding Sources
Program Expenses			
Salaries and Benefits	32,000	8000	24,000
Rent and Utilities	0	0	0
Mortgage	0	0	0
Equipment	1000	0	1000
Equipment Maintenance & Repair	0	0	1000
Office Supplies	300	0	300
Operating Supplies	1900	1900	0
Postage and Shipping	1000	1000	0
Printing and Publications	3000	0	3000
Advertising and Promotion	2000	0	2000
Subscriptions and Dues	0	0	0
Liability/Other Insurance	1000	0	0
Professional Fees	14,000	14,000	0
Other project costs: (Specify Below)	0	0	0
Building Materials & Construction	57,200	57,200	0
Structure and Exhibit Design and Planning	20,000	20,000	0
Educational Development & Programming	19,300	14,300	5000
Safety Evaluation & Upgrade	15,300	12,300	3000
Energy Efficiency Upgrade	16,000	16,000	0
Increase 800 SF exhibit and gathering usable space	8000	8000	0
Lobby and Gift Shop Renovation	12,500	12,500	0
Furnishings	8000	8000	0
Educational Materials	5000	3000	2000
Volunteer Labor	21000	0	0
TOTALS	240,499	178,199	43,299

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 Frewert, deefrewert@earthlink.net, 775-450-2615

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

Dee Frewert, deefrewert@earthlink.net, 775-450-2615, Project Director

Erin Lehman, erinlehman@sbcglobal.net, 775-230-3900, Project Coordinator

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

Stacie Wilke, CMNN Board President
775-882-1522 Business
775-884-2226 Museum
thisisstac@hotmail.com

APPENDIX I

CARSON CITY 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: Gryphon Associates, LLC _____

SUBRECIPIENT ADDRESS: PO Box 3888, Carson City, NV 89702 _____

PROJECT NAME: **Children's Town Project** _____

CDBG CONTACT PERSON: Dee Frewert _____

TITLE: Advisor, Consultant, Museum Design _____

PHONE NUMBER: 775-450-2615 _____

YEARS IN CURRENT POSITION: 18 _____

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			

JUN 1 1990

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
3 CITIZENS CIRCLE
MONTEREY PARK, CA 91764

DEPARTMENT OF THE TREASURY

DATE: JUN 14 1990

CARSON CITY CHILDRENS MUSEUM
PO BOX 449
CARSON CITY, NV 89702-0449

Employer Identification Number:
88-0236615

Contact Person:
TYRONE THOMAS

Contact Telephone Number:
(213) 894-2289

Our Letter Dated:
September 1980

Addendum Applies:
No

Dear Applicant:

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

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

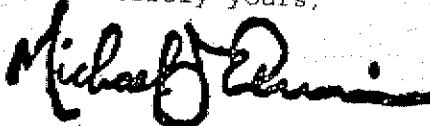
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

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

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

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

Sincerely yours,



Michael J. Quinn
District Director

Letter 1050 (DO/CG)



KENNY C. GUINN
Governor

CHARLES E. CHINNOCK
Executive Director

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) 486-2303
Fax: (702) 486-2373

RENO OFFICE

4600 Kietzke Lane
Building D, Suite 203
Reno, Nevada 89502
Phone: (775) 688-1235
Fax: (775) 688-1303

August 31, 2002

Account Number: **RCE-003-663**

Exp date: **August 31, 2007**

CHILDREN'S MUSEUM OF NORTHERN NEVADA, INC
813 N CARSON ST
CARSON CITY NV 89701

Pursuant to NRS 372.326 and related statutes, CHILDREN'S MUSEUM OF NORTHERN NEVADA, INC has been granted sales/use tax exempt status as an educational organization. Direct purchases of tangible personal property made by CHILDREN'S MUSEUM OF NORTHERN NEVADA, 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 CHILDREN'S MUSEUM OF NORTHERN NEVADA, 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,

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



KENNY C. GUINN
Governor

CHARLES E. CHINNOCK
Executive Director

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 Kietzka Lane
Building O, Suite 283
Reno, Nevada 89502
Phone: (775) 688-1295
Fax: (775) 688-1303

EXEMPT ORGANIZATIONS

Governmental, religious, charitable and educational organizations that are granted exemption from sales and use taxes for purchases or sales may only use their exemption in an official capacity.

Exemption status may not be transferred to individual organization members or anyone else for their personal use. Accordingly, use of an organization's exemption letter for other than its official capacity is inappropriate. Misuse of an organization's exemption may result in its revocation by the Department.

STATE OF NEVADA
SECRETARY OF STATE

CERTIFICATE OF CORPORATE STATUS

I, FRANKIE SUE DEL PAPA, the duly elected, qualified and acting Secretary of State of the State of Nevada, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate,

CARSON CITY CHILDREN'S MUSEUM
(A Non-profit corporation as per NRS 081.410-081.540)

is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith; is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand

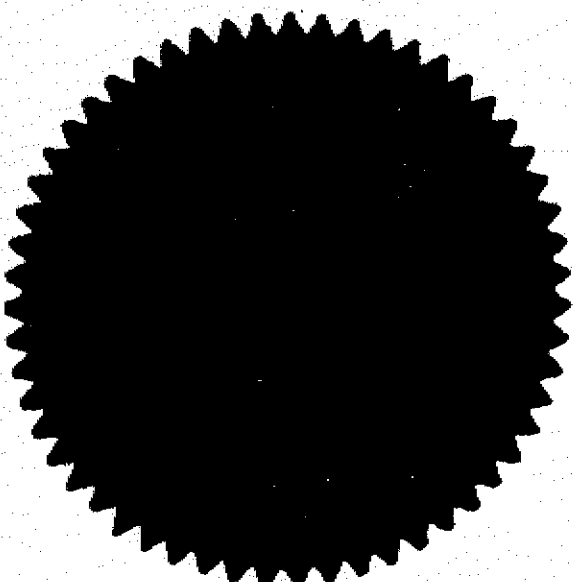
and affixed the Great Seal of the State at my office in

Carson City, Nevada, this 7th day of

March, A.D., 1990.

Frankie Sue Del Papa
Secretary of State

By Lynn Hodgson
Deputy



THE CHILDREN'S MUSEUM OF NORTHERN NEVADA, INC.
BOARD MEMBERS
As of January 2007

11/05 Iris Bustamante – Teacher
1306 Green Court South
Carson City, Nevada 89701
233-3195 – Cell
bustamante_iris@yahoo.com

4/04 Julie Cowan – Teacher
1734 Sonoma Street
Carson City, Nevada 89701
882-5660 – Home, 720-5660 – Cell
jlcowan@sbcglobal.net

1990 Michael Crossley – C.P.A.,
Crossley, Sanada & Skibinski L.L.C.
896 West Nye Lane, Ste. 102
Carson City, Nevada 89703
841-8040 - Work, 841-8044 - fax
782-4677 – Home, 721-6634 - Cell
mcrossley@gbis.com
*******Board Treasurer**

1/02 Penny Holbrook – Retired Teacher
1001 Lynne Avenue
Carson City, Nevada 89703
884-4669 – Home
carsonmark@aol.com

10/05 Mimi Keller-Elliott – Director;
Investor Relations, Mortgages
P.O. Box 21116
Reno, Nevada 89515
378-8829 – Cell
mimilove28@yahoo.com

10/05 Mark J. Krueger – Senior Deputy
Attorney General – State of Nevada
2329 Kingsview Way
Carson City, Nevada 89703
887-7412 – Home, 232-2850 – Cell
684-1212 – Work
m_krueger@charter.net

4/03 Maria Pence – Attorney
626 Mary Street
Carson City, Nevada 89703
841-3956 – Home, 220-0884 – Cell
mpence4@sbcglobal.net

5/05 Neil A. Rombardo – District Attorney
2167 Court Side Circle
Carson City, Nevada 89703
841-9613 – Home, Mobile - 291-8540
684-1108 – Fax
narombardo@ci.carson-city.nv.us
nrombardo@charter.net

11/05 Richard P. Schulze – Attorney
1849 Citadel Circle
Carson City, Nevada 89703
Work –853-5700 Home – 888-9135
rps3law@sbcglobal.net

11/05 Stacie Wilke – Business Owner
A & A Baskets and Creations
2261 joshua dr
Carson City, Nevada 89706
841-5550 – Work, 287-1858 – Cell
thisisstac@hotmail.com
******Board President**

ADVISORY BOARD

9/00 Robert Crowell – Attorney
Crowell, Susick, Owen & Tackes Ltd
PO Box 1000
Carson City, NV 89702
882-1311 – W, 882-0257 – fax
883-1136 – H
rcrowell@advocacy.net

1/02 Linda Hawthorne – Realtor
835 Placer Ave
South Lake Tahoe, CA 96150
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racoonsmiles@yahoo.com

Jim Smolenski
General Manager Fitzhenrys
833 North Edmonds
Carson City, Nevada 89701
882-4753 – H 691-1467 – Cell
882-2644 – Work
fitzhenrys@sbcglobal.net

2/02 Leona Kockenmeister – Aaron Bros
4335 Wild Eagle Terrace
Reno, NV 89511
827-2004 – Work
853-0808 – home 750-9178 – Cell
lbask5@charter.net

Executive Director

06/06 Art Krupicz
703 Elaine St
Carson City, NV 89701
Cell: 315-4955
artkrupicz@hotmail.com

Staff

Candice Chilton – Office Manager
2430 Dori Way
Carson City, NV 89706
775-720-8318 – Cell
Candice@cmnn.org

Ralph Handley - Custodian
330 Imperial Way #24
Carson City, NV 89701
720 – 2621 – Cell

Mary Ann Weiss – Gift Shop Manager
412 Brookfield Court
Dayton NV 89403
246-9644 – Home

Alexis Carroll – Gift Shop Assistant
1172 Osman Circle
Carson City, NV 89701
775-884-9896 – Home
775-450-0808 – Cell
junioreditor@truecrimerefanatic.com

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. 1545-0047

2004

▶ 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	G Name of organization CHILDREN'S MUSEUM OF NORTHERN NEVADA Number and street (or P.O. box if mail is not delivered to street address) Room/suite 813 NORTH CARSON STREET City or town, state or country, and ZIP + 4 CARSON CITY, NV 89701	D Employer identification number 88-0236615
	E Telephone number 775-884-2226	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶	
	M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).	

G Website: **www.cmnn.org****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 ▶ **165,038.****Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	39,214.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	1,648.	
	d Total (add lines 1a through 1c) (cash \$ 40,862. noncash \$)	1d	40,862.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	86,149.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	127.	
	5 Dividends and interest from securities	5		
	6 a Gross rents See Statement 1	6a	6,935.	
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	6,935.	
7 Other investment income (describe ▶)	7			
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a	8b	
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9 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 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10 a Gross sales of inventory, less returns and allowances	10a	30,965.	
	b Less: cost of goods sold	10b	13,931.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	17,034.	
	11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	151,107.		
Net Assets	13 Program services (from line 44, column (B))	13	108,554.	
	14 Management and general (from line 44, column (C))	14	34,855.	
	15 Fundraising (from line 44, column (D))	15	12,633.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	156,042.	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-4,935.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	442,939.	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	438,004.	

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.

Page 2

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)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	29,950.	14,975.	7,487.	7,488.
26	Other salaries and wages	45,406.	38,595.	4,541.	2,270.
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	6,425.	4,754.	964.	707.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	1,910.	1,146.	382.	382.
34	Telephone	2,655.	1,593.	531.	531.
35	Postage and shipping	648.	389.	97.	162.
36	Occupancy				
37	Equipment rental and maintenance	866.		866.	
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	28,944.	23,155.	5,789.	
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	See Statement 3	39,238.	23,947.	14,198.	1,093.
44	Total functional expenses (add lines 22 through 43e). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	156,042.	108,554.	34,855.	12,633.

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 \$ _____.

Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☒ See Statement 4

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 The museum has been visited by more than 110,000 persons since its opening in June, 1994. We have continued to expand our educational programs and exhibits. Renovation of our historical building also continues (Grants and allocations \$ _____)

b _____

(Grants and allocations \$ _____)

c _____

(Grants and allocations \$ _____)

d _____

(Grants and allocations \$ _____)

e Other program services (attach schedule) (Grants and allocations \$ _____)

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ☒ 0.

Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	10,291.	45	10,017.
	46 Savings and temporary cash investments	13,783.	46	18,445.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	5,086.	52	5,100.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis	55a 675,341.		
	b Less: accumulated depreciation	55b 266,800.	429,864.	55c 408,541.
56 Investments - other See Statement 5	10,500.	56	10,760.	
57 a Land, buildings, and equipment basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	469,524.	59	452,863.	
Liabilities	60 Accounts payable and accrued expenses	2,802.	60	2,070.
	61 Grants payable		61	
	62 Deferred revenue	13,783.	62	12,789.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	16,585.	66	14,859.	
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	418,656.	67	410,738.
	68 Temporarily restricted	13,783.	68	16,506.
	69 Permanently restricted	10,500.	69	10,760.
	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)	442,939.	73	438,004.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	459,524.	74	452,863.

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.

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? 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? 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? N/A	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	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	
	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.		
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? 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.		
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? 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 4		
91	The books are in care of Erin Lehman Telephone no. 775 884 2226		

Located at 813 N Carson Street, Carson City, NV

ZIP + 4 89701

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 0.

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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ADMISSIONS & PROGRAMS					86,149.
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					127.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	6,935.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					17,034.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		6,935.	103,310.
105 Total (add line 104, columns (B), (D), and (E))					110,245.

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

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).

See Statement 7

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

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

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: Michael R. Crossley Date: 12/14/06 Type or print name and title: Michael R. Crossley, Treasurer

Paid Preparer's Use Only: Preparer's signature: _____ Date: _____ Check if self-employed: ☐ Preparer's SSN or PTIN: _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

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

OMB No. 1545-0047

2004

Name of the organization **CHILDREN'S MUSEUM OF NORTHERN NEVADA** Employer identification number **88 0236615**

Part III 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 IV 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 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.) 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.	1	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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	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?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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.)

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.)	59,178.	38,961.	84,423.	140,518.	323,080.
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	95,070.	84,799.	116,484.	109,407.	405,760.
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	6,742.	320.	110.	1,128.	8,300.
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	43,200.	43,200.	43,200.	43,200.	172,800.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	204,190.	167,280.	244,217.	294,253.	909,940.
24 Line 23 minus line 17	109,120.	82,481.	127,733.	184,846.	504,180.
25 Enter 1% of line 23	2,042.	1,673.	2,442.	2,943.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 10,084.
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 504,180.
d Add: Amounts from column (e) for lines: 18 8,300. 19					26d 8,300.
22					26e 495,880.
e Public support (line 26c minus line 26d total)					26f 98.3538%
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: 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 (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					
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.					
					None

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?	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?	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? 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? 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? 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	

Schedule A (Form 990 or 990-EZ) 2004

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**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		
38 Total lobbying expenditures (add lines 36 and 37)		
39 Other exempt purpose expenditures		
40 Total exempt purpose expenditures (add lines 38 and 39)		
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
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)		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

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
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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
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.)			0.

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a. Transfers from the reporting organization to a noncharitable exempt organization of:

(1) Cash

Yes	No
-----	----

51611	X
-------	---

(iii) Other assets

2111	X
------	---

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

100

(II) Purchases of assets from a noncharitable exempt organization

b(1)		
b(7)(C)		
b(7)(D)		
b(7)(E)		
b(7)(F)		
b(7)(G)		
b(7)(H)		
b(7)(I)		
b(7)(J)		
b(7)(K)		
b(7)(L)		
b(7)(M)		
b(7)(N)		
b(7)(O)		
b(7)(P)		
b(7)(Q)		
b(7)(R)		
b(7)(S)		
b(7)(T)		
b(7)(U)		
b(7)(V)		
b(7)(W)		
b(7)(X)		
b(7)(Y)		
b(7)(Z)		
b(7)(AA)		
b(7)(AB)		
b(7)(AC)		
b(7)(AD)		
b(7)(AE)		
b(7)(AF)		
b(7)(AG)		
b(7)(AH)		
b(7)(AI)		
b(7)(AJ)		
b(7)(AK)		
b(7)(AL)		
b(7)(AM)		
b(7)(AN)		
b(7)(AO)		
b(7)(AP)		
b(7)(AQ)		
b(7)(AR)		
b(7)(AS)		
b(7)(AT)		
b(7)(AU)		
b(7)(AV)		
b(7)(AW)		
b(7)(AX)		
b(7)(AY)		
b(7)(AZ)		
b(7)(BA)		
b(7)(BB)		
b(7)(BC)		
b(7)(BD)		
b(7)(BE)		
b(7)(BF)		
b(7)(BG)		
b(7)(BH)		
b(7)(BI)		
b(7)(BJ)		
b(7)(BK)		
b(7)(BL)		
b(7)(BM)		
b(7)(BN)		
b(7)(BO)		
b(7)(BP)		
b(7)(BQ)		
b(7)(BR)		
b(7)(BS)		
b(7)(BT)		
b(7)(BU)		
b(7)(BV)		
b(7)(BW)		
b(7)(BX)		
b(7)(BY)		
b(7)(BZ)		
b(7)(CA)		
b(7)(CB)		
b(7)(CC)		
b(7)(CD)		
b(7)(CE)		
b(7)(CF)		
b(7)(CG)		
b(7)(CH)		
b(7)(CI)		
b(7)(CJ)		
b(7)(CK)		
b(7)(CL)		
b(7)(CM)		
b(7)(CN)		
b(7)(CO)		
b(7)(CP)		
b(7)(CQ)		
b(7)(CR)		
b(7)(CS)		
b(7)(CT)		
b(7)(CU)		
b(7)(CV)		
b(7)(CW)		
b(7)(CX)		
b(7)(CY)		
b(7)(CZ)		
b(7)(DA)		
b(7)(DB)		
b(7)(DC)		
b(7)(DD)		
b(7)(DE)		
b(7)(DF)		
b(7)(DG)		
b(7)(DH)		
b(7)(DI)		
b(7)(DJ)		
b(7)(DK)		
b(7)(DL)		
b(7)(DM)		
b(7)(DN)		
b(7)(DO)		
b(7)(DP)		
b(7)(DQ)		
b(7)(DR)		
b(7)(DS)		
b(7)(DT)		
b(7)(DU)		
b(7)(DV)		
b(7)(DW)		
b(7)(DX)		
b(7)(DY)		
b(7)(DZ)		
b(7)(EA)		
b(7)(EB)		
b(7)(EC)		
b(7)(ED)		
b(7)(EE)		
b(7)(EF)		
b(7)(EG)		
b(7)(EH)		
b(7)(EI)		
b(7)(EJ)		
b(7)(EK)		
b(7)(EL)		
b(7)(EM)		
b(7)(EN)		
b(7)(EO)		
b(7)(EP)		
b(7)(EQ)		
b(7)(ER)		
b(7)(ES)		
b(7)(ET)		
b(7)(EU)		
b(7)(EV)		
b(7		

(111) Rental of facilities, equipment, or other assets

b(111)		X
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(iv) Reimbursement arrangements

$b(v)$		x
--------	--	-----

(v) Loans or loan guarantees

b(7)	X
------	---

(vi) Performance of services or membership or fundraising solicitations

b(7)(F)	X
---------	---

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

6(11)	X
-------	---

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

b If "Yes," complete the following schedule:

N/A

11-24-04

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

CHILDREN'S MUSEUM OF NORTHERN NEVADA

Employer identification number

88-0236615

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

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

Special Rules—

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

CHILDREN'S MUSEUM OF NORTHERN NEVADA

88-0236615

Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NAUMAN FOUNDATION RENO, NEVADA	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form 990

Rental Income

Statement 1

Kind and Location of Property

Activity
NumberGross
Rental Income

TEMPORARY RENTAL OF MUSEUM FACILITIES

1

6,935.

Total to Form 990, Part I, line 6a

6,935.

Form 990

Income and Cost of Goods Sold
Included on Part I, Line 10

Statement 2

Income

1. Gross receipts	30,965	
2. Returns and allowances		
3. Line 1 less line 2		30,965
4. Cost of goods sold (line 13)	13,931	
5. Gross profit (line 3 less line 4)		17,034

Cost of Goods Sold

6. Inventory at beginning of year	5,086	
7. Merchandise purchased	13,945	
8. Cost of labor		
9. Materials and supplies		
10. Other costs		
11. Add lines 6 through 10		19,031
12. Inventory at end of year	5,100	
13. Cost of goods sold (line 11 less line 12)		13,931

Form 990	Other Expenses			Statement	3
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
Utilities- Gas	5,102.	4,592.	510.		
Utilities-Power	6,691.	6,022.	669.		
Exhibits repair	246.	246.			
Bank charges	891.		891.		
Advertising and media	993.			993.	
Dues	1,518.		1,518.		
Repairs	3,404.	3,234.	170.		
Insurance	4,925.		4,925.		
Gift shop misc	46.		46.		
Staff training	1,380.		1,380.		
Newsletter and printing	2,012.	1,006.	1,006.		
Fingerprinting	45.		45.		
Miscellaneous	1,909.		1,909.		
Other program expenses	5,010.	5,010.			
Membership	62.		62.		
Dunktsnk expense	100.			100.	
Exhibit designer	3,693.	3,693.			
Other admin exp	1,067.		1,067.		
Volunteer expense	144.	144.			
Total to Fm 990, ln 43	39,238.	23,947.	14,198.	1,093.	

Form 990 Statement of Organization's Primary Exempt Purpose Statement 4
Part III

Explanation

To provide interactive educational exhibits and programs for parents and children to experience together in a wholesome atmosphere

Form 990 Other Investments Statement 5

Description	Valuation Method	Amount
	Cost	10,760.
Total to Form 990, Part IV, line 56, Column B		10,760.

Form 990 Part V - List of Officers, Directors, Trustees and Key Employees Statement 6

Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Contrib	Plan Expense	Account
KEN BEATON 813 NORTH CARSON CARSON CITY, NV 89701	EXECUTIVE DIRECTOR 40	0.	0.	0.	
JULIE COWAN 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 1	0.	0.	0.	
MICHAEL CROSSLEY 813 NORTH CARSON CARSON CITY, NV 89701	TREASURER 1	0.	0.	0.	
WILLIAM CREEKBAUM 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 1	0.	0.	0.	
FRIEDA FORD 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 20	0.	0.	0.	
JOHN DIMAMBRO 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 1	0.	0.	0.	
LEONA KOCKENMEISTER 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 1	0.	0.	0.	
JERE SCHULTZ 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 1	0.	0.	0.	

PENNY HOLBROOK 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 1	0.	0.	0.
ERIN LEHMAN 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 1	0.	0.	0.
JAMES SMOLENSKI 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 1	0.	0.	0.
NEIL ROMBARDO 813 NORTH CARSON CARSON CITY, NV 89701	BOARD MEMBER 1	0.	0.	0.
MARIA PENCE 813 NORTH CARSON CARSON CITY, NV 89701	PRESIDENT 3	0.	0.	0.
MICHELLE BELLARD 813 NORTH CARSON CARSON CITY, NV 89701	SECRETARY 3	0.	0.	0.
Totals Included on Form 990, Part V		0.	0.	0.

Form 990	Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes	Statement 7
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Line	Explanation of Relationship of Activities
93a	Low admission and program fees charged to offset the cost of creating and maintaining exhibits and programs and to allow needy children to enter and participate at no cost.
95	Earnings from temporary extra funds deposited in money market account.
102	The museum operates a small gift shop which sells items related to the museum's goal of providing a stimulating and educational experience for children.

STAGE

