City of Las Vegas
2012 - CDBG Public Service
11/21/2011 deadline

Community Counseling Center

Co-occurring Disorders Program

Community Counseling Center
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Las Vegas, NV 89104

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Project Contact
Shaun Mollica
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Executive Director
Ron Lawrence
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$65,000 Requested

Submitted: 11/22/2011 8:38:40 AM (Pacific)

Pre-Application Questions

1 Brief Program Description and Specific Purpose for Requested Funds: ex: Funds will be used for 2 counselors to case manage 100 clients. No more than 4 sentences for this question.
To provide intensive drug treatment and counseling services to 30 individuals with dual-diagnoses of mental illness and addiction by providing salary funding for a full-time counselor.

2 Program must serve one of the following client types, check one box per application.

- ☐ Homeless Prevention & Outreach
- ☑ Persons with Special Needs
- ☐ Seniors
- ☐ Youth Programs Focusing on Academics or Early Childhood

3 Date of Incorporation and Date of Program Implementation: use a slash with a space / to separate answers. example: 12-1-1990 / 6-20-99
4-1-1990/7-1-2007

4 Program Budget Amount and Request Amount: use a slash / to separate answers. example: $150,000 / $20,000
$585,000/$65,000

5 Is Agency and/or Program Budget $60,000 or more, which may include up to 25% In-kind to reach this minimum threshold. This is mandatory.

- ☑ Yes
- ☐ No

6 If multiple applications are submitted, please state priority of this application numerically with #1 being the most important. If you only intend on submitting one, please mark #1

- ☑ #1
- ☐ #2
- ☐ #3
- ☐ #4

7 Applicant understands they must have at least 25% of the difference betwen total budget and amount requested leveraged with cash or committed funds for FY 12/13. This is mandatory.

- ☑ Yes
- ☐ No

8 Is agency an IRS 501 C3 or C4? This is mandatory.

- ☑ Yes
- ☐ No

9 DUNS Number - This is mandatory.
794881490

10 Is agency current with the Nevada Secretary of State's Office, and does agency have a CLV Business License for the address where the services will be provided. This is mandatory (will be verified by PRNS Staff).

☑ Yes

☐ No

Proposal Questions

1 PART I - PROGRAM NARRATIVE (7 questions) All questions including this one, must have an answer, or a box checked in order to submit. Please use a zero or n/a per instructions.

☑ Section Complete (all questions answered)

2 Is this a new or continuing program?

☐ New

☑ Continuing

3 Describe the problem or need and the population the proposed activity(ies) intend(s) to address.

Since 2007, Community Counseling Center's co-occurring disorders program (COD) has provided services tailored to the unique and unmet needs of individuals with dual diagnoses of substance abuse addiction and mental health disorders. The myriad of issues affecting an individual with addiction and mental illness pervade into all areas of his or her life - family, employment, socialization, and overall health and wellness. The ability for an individual to achieve a full recovery from addiction is significantly stunted when treatment fails to address both conditions. The COD program provides access for low-income individuals to receive comprehensive behavioral health services to bring about total recovery and more productive and fulfilling lives.

Many individuals with dual diagnoses do not have access to treatment for either their mental illness or addiction needs, and rarely do they receive treatment for both. These individuals are likely cycle in and out of treatment and frequently relapse, as treating one issue alone is not sufficient.

Our currently Las Vegas CDBG funded counselor wished to share this information about the program:
"Many of the people who come to treatment for co occurring disorders are overwhelmed in every area of their lives. Homelessness is not uncommon, lack of education, difficulty in accessing transportation, and lack of family support and medical attention only increases the vulnerability of this population. In the co occurring program, people who struggle with substance abuse and mental health issues are supported in abstaining from chemical dependency and obtaining psychiatric medications. With the two being addressed concurrently the possibility for stability and support in obtaining other needs becomes possible.The co-occurring disorders program focuses on managing both the mental disorder and addiction, resulting in increased functionality and complete recovery for these clients."

The COD program is at capacity, serving over 250 individuals each year. The co-occurring program, in collaboration with Southern Nevada Adult Mental Health services, operates in 4 sites in the Las Vegas metropolitan area, and in the rural sites of Laughlin and Overton. With the support of the City of Las Vegas, last year, we were able to expand the program to create an additional treatment service location at CCC's main offices, and to admit an additional 50 individuals into comprehensive treatment as of November 1, 2011. Continued funding will allow us to continue to provide these critical, specialized services to individuals with complex mental health and addiction treatment needs.

The target population for the co-occurring disorders (COD) program will be adults, 18 years old or older, both male and females, living in the Las Vegas Metro area with serious mental illness and addiction disorders. The program will be open to adults of all races and ethnicities. There will be an equal distribution of male and female participants. As with the majority of Community Counseling Center clients, nearly all participants will be low-income individuals, unemployed, without benefits or the financial means to pay for care.

4 Describe the work to be performed, activities to be undertaken or the services to be provided.

Individuals diagnosed with a mental health disorder through the Southern Nevada Adult Mental Health Services clinics will be referred to Community Counseling Center for a substance use and full psychosocial assessment. These individuals will then be enrolled in Community Counseling Center's Intensive Outpatient Drug and Alcohol program, and will receive 15 hours of both group and individual therapy for a period of not less than 8 weeks. Over the grant year, 30 low-income individuals residing in Las Vegas will be served by this funding.

Counselors will regularly assess the client's progress, barriers, and needs. All information will be meticulously documented. Clients will be provided referrals to other community organizations when indicated, and will work closely with our partners to monitor follow-up. Clients will remain enrolled in the program until significant progress is achieved, and a mutual decision has been reached between the client and the counselor that the client may transfer into an aftercare program.

5 List and describe any studies and/or census data and/or market data used to determine that the problem requires action now. Programs that effectively show supporting data will receive more points.

There has been a persistent shortage of mental health and addiction treatment services in Southern Nevada. In 2009, Nevada's Division of Mental Health and Development Services Substance Abuse Prevention and Treatment Agency (SAPTA) estimated the unmet need for treatment in Nevada. Calculations were based on SAMHSA's "2006 State Estimates of Substance Use." In Nevada, 191,000 individuals are in need of treatment, with only 39,000 receiving services, resulting in over 150,000 individuals, nearly 80% of those needing treatment, having no access to services.

SAPTA's biennial report released in September 2009 also emphasizes the need for increased specialized services for those individuals with co-occurring disorders: "the past two decades have witnessed the emergence of an increasing number of individuals with co-occurring mental health and addictive disorders...[n]ational epidemiological data demonstrate clearly that the prevalence of these individuals is sufficiently high in some service systems that co-morbidity must be considered an expectation, not an exception."

Despite the prevalence of these conditions, individuals rarely receive treatment for both disorders. The 2008 National Survey on Drug Use and Mental Health reported that only 11.4% of the 2.5 million adults with both a serious mental illness and addiction disorder received treatment for both conditions, and nearly 40% received no treatment at all. The ability for an individual to achieve a full recovery is severely limited when treatment fails to address

both conditions. Individuals are likely cycle in and out of treatment or between mental health and addiction services as neither approach alone is sufficient to bring about recovery. As the National Alliance on Mental Illness (NAMI) has stated, an individual with both mental health and addiction disorders "needs treatment for both problems -- focusing on one does not ensure the other will go away."

6 What indicators, verifiable information or data will you use to measure an outcome to see if it was actually attained? What follow-up/tracking will be provided to ensure outcomes are met? How will the programs's impact on participants be evaluated?
Counselors will maintain detailed records of demographic information and progress notes for each client, and will record changes in employment status, living situations, medications, relationships, and so on.

Individual progress in therapy will be determined by the counselor's employment of the Global Assessment of Functioning (GAF) as depicted in the Diagnostic and Statistical Manual (DSM-IV-TR) of the American Psychiatric Association at assessment, after four weeks of treatment, and at discharge.

GAF scoring is a standardized method used by mental health professionals to determine a client's level of functioning. Clients are scored on a 100 point scale. As an example, a score of 41 indicates severe symptoms (suicidal ideation, severe obsessive rituals) or any serious impairment in social, occupational, or school functioning (no friends, unable to keep a job). A ten point improvement for this individual (GAF score of 51) would mean that he or she is experiencing difficulties at a moderate level, such as occasional panic attacks, and would have a few friends and a job (where there are occasional conflicts.) A ten point improvement is significant for this population.

In addition, clients are expected to remain substance-free in the program, and will be subject to random drug testing via urinalysis (UA). 100% will be substance-free at the time of discharge from the program.

Clients will remain in the program until the counselor determines there has been a sustained period of abstinence, alleviation of symptoms, and a positive change in the Global Assessment of Functioning scale. Individuals who do not show significant improvement after the initial 8 weeks of treatment will remain in the program.

Community Counseling Center has an internal Quality Management Committee which reviews records and recommends modifications to programs to meet quality goals. Client Satisfaction Surveys have demonstrated that 99% of clients find their experience to be "helpful and beneficial;" 93% would return to CCC if the need arose, and 98% would refer others to Community Counseling Center.

7 On average, how many low income CLV residents does your organization serve annually? How many are unduplicated? If you provide housing, count households - not all family members.

2400	Number CLV Residents
2100	Number of Unduplicated CLV clients
n/a	Number of Households

8 Describe what efforts have been made to collaborate with other organizations in order to avoid duplication of services and to maximize available resources. Attach letters of intent for funds or In-Kind only.
Clients in the COD program are referred to CCC staff by the program partner Southern Nevada Adult Mental Health Services (SNAMHS). SNAMHS provides the initial mental health evaluation and refers the client to CCC for a substance use disorder assessment. At that time, Community Counseling Center conducts an in-depth assessment, develops the treatment plan, and provides referrals for additional supportive services when necessary. Once a client is enrolled in the program, he or she begins attending intensive outpatient drug treatment for 15 hours a week at CCC.

Current external referral partnerships and collaborative agencies include:
- Southern Nevada Health District, in providing trainings and testing events at CCC's main office for infectious diseases such as HIV, TB, and hepatitis;
- Clark County Social Services and HELP of Southern Nevada as providers of social services to clients;
- St. Therese Center, which provides food pantry services to clients;
- HIV/AIDS focused organizations: AFAN and Golden Rainbow, and UMC's Wellness Center, which provide services to many CCC HIV infected clients;

- Other inpatient drug treatment and mental health therapy providers such as Nevada Treatment Center, Solutions Recovery , FACT (Family and Child Treatment), WestCare and Montevista Hospital;
- Government and criminal justice entities, such as Child Protective Services, Alternative Sentencing, Adult/Juvenile Parole/Probation, Las Vegas Metro Police Department, the DUI courts, Nevada Welfare Department and the Department of Family Services, which refer or mandate individuals into treatment; and,
- the United Way of Southern Nevada, as CCC is an accredited partnership agency.

With such close working relationships with these agencies, follow-up and tracking of referral activity is frequent and unproblematic, and properly executed releases are obtained from the client. COD counselors will phone or email referral agencies to set and confirm attendance at appointments. All results will be documented, as keeping accurate, detailed case notes is a central, daily part of the work counselors perform. Counselors will document all referrals in client's case files, including the type, agency, date, and outcome. This information will be recorded in CCC's electronic client management system, AWARDS.

9 How successful has your organization been in conducting similar programs to the proposed project? Describe recent similar programs and discuss the organization's capacity to develop, implement, and administer the proposed program.
The purpose of the co-occurring disorders program is to address the problem of individuals with serious mental illness and a substance use disorder repeatedly drawing upon services because previous interventions were ineffective. The COD program currently conducted by CCC has been extremely effective – over 85% of individuals are substance-free at discharge, and on average, individuals experience a 9 point increase on the Global Assessment of Functioning at discharge, a significant increase for the seriously mentally ill population. What began as a pilot program in 2007 has now expanded to 5 locations in Las Vegas and Henderson, and in the rural sites of Laughlin and Overton.

The CLV CDBG funded counselor wished to share this success story with the committee:

"When the client first entered the program in 2011, he was reluctant to share much about his experiences with Schizophrenia and the manner in which it affected him on a daily basis. He now states that Community helped him recognize his strengths and apply new coping skills within everyday stressful situations. At one point in the group, he said, 'I feel welcome and comfortable here and am able to understand who I am. I am finally able to trust others and just be myself.' He mentioned having more awareness of his substance abuse and its connection to his mental health illness, as well as understanding the reasons he used alcohol to alter his mood and personality. The client continues to reside with HELP of Southern Nevada, but he is feeling excited and hopeful about his future. He is going back to school as a lab tech, and feels that although Schizophrenia is part of his everyday existence, it does not determine his destiny or define him as a person."

CCC considers programs successful when the greatest number of individuals has access to services, counseling and treatment are provided at the highest quality level, and when clients report on being satisfied with the service they receive. CCC has an internal Quality Management Committee which reviews records and recommends modifications to programs to meet quality goals. Client Satisfaction Surveys have demonstrated that 99% of clients find their experience to be "helpful and beneficial;" 93% would return to CCC if the need arose, and 98% would refer others to CCC.

CCC is nationally accredited by the Council on Accreditation, a behavioral health accrediting organization. In order to obtain accreditation, CCC demonstrated that it met or exceeded standards in all areas, including financial management, ethics, safety, and service delivery. CCC is also fully accredited by the United Way as a partner agency. All programs offering substance abuse treatment are subject to an approval process by SAPTA, Nevada Substance Abuse Prevention and Treatment Agency.

CCC remains one of the few mental health services providers in Southern Nevada offering on demand walk-in assessments, with over 75% of walk ins being seen on the same day. This ensures individuals and families in crisis have access to treatment and support at the moment the need arises. Urgent needs are not neglected and emergency room visits are reduced.

10 How many employees will administer the program, of those, how many are current, how many are proposed?

one	Number of Employees
one	Current
zero	Proposed

11 List by employee name, each of the organization's existing staff positions, including qualifications and years of experience with agency as it relates to the program.

Gina Morelli, MSW, Licensed Clinical Social Worker, Licensed Alcohol and Drug Counselor, 3 years with CCC, 3 years experience in this type of programming. She is the current counselor leading the program at CCC's main offices.

Ron Lawrence, MS, Licensed Marital and Family Therapist, Licensed Alcohol and Drug Counselor, 21 years with CCC, 23 years experience with this type of programming. Mr. Lawrence is the Executive Director of Community Counseling Center and the manager of the COD program.

12 Financial Narrative - CDBG funds are intended for direct client services, administrative costs should be kept to a minimum.

☑ Section Complete (all questions answered)

13 Identify and describe any audit findings, investigations, or probation by any funding organizations in the past three years. Include the name of auditing agency and/or CPA.

Community Counseling Center has been subject to an independent A-133 audit for the past 21 years, with no material findings. In addition, CCC has never been asked to return grant funds to any agency.

Audits for the 3 prior fiscal years were performed by Stout Keeton. Fiscal year 2011 will be conducted by Piercy, Bowler, Taylor, & Kern.

14 Describe the organization's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures and audit requirements. Include contact information for your accountant or bookkeeping service.

The agency's fiscal management is governed by a volunteer Board of Directors. The Agency Administrator manages incoming and outgoing funds via an auditor-approved financial management computer program, but is not a signer on any checking accounts. Monthly financial statements are created with an outside CPA/bookkeeping firm's assistance, which are submitted to the Board of Directors for approval.

Our bookkeepers are KG&R Bookkeeping Solutions, 375 N Stephanie St., Suite 1212, Henderson, NV 89014, (702) 558-5042.

Community Counseling Center's policies and procedures meet or exceed the standards set by both the United Way and the Council on Accreditation. All employees and volunteers are subject to criminal background checks and sign confidentiality agreements.

15 Please list the sources of cash match. Use the dollar amount. Enter amount, 0 or n/a in boxes.

$28700	Agency Cash (fundraising)
na	Foundation Endowment
na	Other
$491300	Commited Funds (attach letters)

16 Has your proposed budget changed (increased or decreased) by more than 25% compared to last year? Provide an explanation. If not, state N/A.

n/a

17 Describe your In-Kind contributions. Agencies with more than 25% to reach the minimum $60,000 budget will not be accepted.

n/a

18 What is the average cost per client for all clients and CLV CDBG clients?

$2340	All Clients (total budget/by # of clients)

$2167 CLV CDBG Clients (total budget/by CLV Clients)

19 If fees are charged, describe the fee structure and certification that fees do not exceed the cost of delivery of service. If fees are charged upload fee schedule (Exhibit 6)
Services are provided on a sliding scale basis based on Federal poverty guidelines. No individual is every denied services based on an inability to pay.

20 Discuss the organization's leveraged funds. Leveraging may include cash match, other federal dollars, donated, or in-kind physical match, (such as free space, equipment, etc) or in-kind match provided by volunteers. Per IRS $19 per volunteer.
Community Counseling Center will commit $28,700 in cash from fundraising events and over the counter fees collected toward program costs. $491,300 has been awarded to Community Counseling Center for the COD program as part of our ongoing grant funding through the State of Nevada Substance Abuse Prevention and Treatment Agency (SAPTA).

21 Describe fundraising activities for this program; include how many fundraising activities will be held during the year?
Community Counseling Center actively fundraises to stabilize and increase revenues for agency activities. Two large-scale fundraisers are held each year, along with several smaller events or campaigns. Community Counseling Center's Board of Directors has included aspects of "social enterprise" as part of the agency's fundraising strategy over the next five years. Social enterprise activities will include providing continuing education classes for behavioral health professionals at CCC's offices, for a reasonable fee.

22 How many clients/households will be provided services if the agency receives 100%, 75%, 50% or 25% of the current request?

30	100% funded
25	75% funded
15	50% funded
8	25% funded

23 Please list your top five (5) Priorities using the categories below. Indicate dollar amount for each. Note: A scholarship can only be offered if other participants pay a fee to attend the program. Use 0 or n/a.

65000	Direct Staff Salaries/Fringe Benefits
0	Administrative Salaries/Fringe Benefits
0	Direct Program Delivery Costs
0	Scholarships
0	Program Supplies/Equipment
0	Operating

24 Please number each category in the boxes below as to their importance to the agency.

1	Direct Staff Salaries/Fringe Benefits
0	Administrative Salaries/Fringe Benefits
0	Direct Program Delivery Costs
0	Scholarships
0	Program Supplies/Equipment
0	Operating

25 Does agency plan on applying for any FY 12/13 CDBG/Clark County OAG/ESG or state funds for this program from the following entities? Please list the amount below or enter 0 if n/a in each box.

0	Clark County
0	City of Henderson
0	City of North Las Vegas
0	State of Nevada

26 Applicant understands the importance of bringing the CEO/Executive Director, CFO/Controller, Program Manager, and/or clients to the Application Presentation Meeting.

- [x] Yes
- [ ] No

27 Attachments (Documents Tab) Must be submitted in the format presented - Excel or Word, unless noted otherwise.

- [x] #1 Certification Form (PDF)
- [x] #2 Program Budget Form
- [x] #3 In-Kind Explanation Form
- [x] #4 Three Year Funding History
- [x] #5 Performance Measures Form

28 EXHIBITS (Documents Tab) All agencies must submit their 990 if they did not have an A-133 Audit. Even if you do not have a Fee Schedule, please check the box. (this is just a reminder)

- [x] #A Proof of 501 C(c)(3) or (4) Status - letter must be 10 years old or less

- [x] #B Copy of Current Operating Budget
- [x] #C Copy of audit as explained in instructions
- [x] #D Copy of IRS 990 (check even if n/a)
- [x] #E Board of Directors
- [x] #F Articles of Incorporation
- [x] #G Fee Schedule (check even if n/a)

Budget

Funding Sources/Revenues	Program Budget	Committed Funds	Uncommitted Funds
Federal Funds	$65,000		$65,000
Local Funds/Foundations			
Fundraising	$5,000	$5,000	
Agency Cash	$23,700	$23,700	
Donations			
In-Kind			
State Funds (SAPTA)	$491,300	$491,300	
Total	**$585,000**	**$520,000**	**$65,000**

Funding Uses/Expenses	Program Budget	Committed Funds	Uncommitted Funds
Personnel Salaries (Direct Client)	$525,400	$460,400	$65,000
Personnel Salaries (Admin)	$33,700	$33,700	
Direct Client Services/Scholarships	$0	$0	
Supplies	$700	$700	
Operating/Administration	$23,000	$23,000	
Equipment	$2,200	$2,200	
Total	**$585,000**	**$520,000**	**$65,000**

Budget Narrative

CCC receives $491,300 as part of our general SAPTA grant to operate the COD program at 4 Southern Nevada Adult Mental Health offices sites in Las Vegas and Henderson, and 2 rural clinics. A portion of this funding is used for operating and administrative costs.

The remaining program costs are covered by agency funds through general fundraising and over the counter monies from client payments on the sliding scale.

This CDBG request is to pay for 91% of a full-time, dual licensed counselor to provide services at the COD site in CCC's main offices at 714 E. Sahara Ave.
Salary and Fringe = $71,400. Requested amount = $65,000. This counselor will work exclusively at the COD site at CCC's main offices, and will provide treatment and counseling to 30 CLV residents over the grant year.

Operating expenses above include proportional expenses attributed to the COD Program: mortgage/utility costs; bookkeeping, audit, postage, and payroll services costs; and staff training and agency licensing costs. Supplies are calculated at 7 total COD staff members x $100/annually.

Documents

Instructions for Documents Requested

These documents must be downloaded from this site - illegible documents are not acceptable. You may link large document files, as the system will not accept any files that are larger than 10 megabytes.

Please check to be sure of their content. Please submit Exhibits and Attachments as directed (PDF, Excel or Word) Do Not Change formats – Keep 1 page forms to 1 page. For Attachments, click on download template and follow directions.

To upload your documents, click upload template, write the name and then click browse, find the document on your computer and click open, then upload. You will have to close the window each time. This process is similar to attaching a document to an email.

ATTACHMENTS
Certifications: Compliance Document & Certification Of Application (Attachment 1): Download, complete, and sign the Certification Document (2 pages), then scan it and upload it with the other documents.

Budget Form Spreadsheet (Attachment 2) - You must use the provided Excel form.

Three Year Funding History (Attachment 3) - You must use the provided Excel form.

In-Kind Explanation Form (Attachment 4) - You must use the provided Excel form.

Performance Measures Form (Attachment 5) - You must use the provided Word form. Create one form with multiple measures on one Word Document, and upload.

EXHIBITS

Documentation Of Non-Profit Status (Exhibit A)
Copy of IRS letter showing current 501 C (3) or (4) status. PENDING STATUS WILL NOT BE ACCEPTED. Letter must be less than 10 years old.

Copy Of Current Operating Budget (Exhibit B)
Must have Revenue and Expenditures.

Audit/Financial Statement (Exhibit C)
All applicants must submit an A-133 Audit, audited financials or annual certified financial statements. ***See Instructions in the Application Manual as to applicable Audit information. Audits may not be older than FY 2009.

IRS 990 (Exhibit D) Must not be older than 2009.

Board Of Directors (Exhibit E)
Include a list of all persons serving on the Board of Directors, and any company affiliation. ex, Board President Jane Smith, Vice President Bank of USA.

Articles Of Incorporation (Exhibit F) Submit a copy of the Articles of Incorporation to document the mission objectives.

Fee Schedule (Exhibit G)
Reasonable fees may be charged for program services. If fees are charged, applicants must provide a copy of their current fee schedule.

Documents Requested *	Required?	**Attached Documents** *
Attachment #1 Application Certification Form (upload as PDF) - signatures required download template	☐	Attachment 1 - Certifications
Attachment #2 Budget Form (Excel Document Only) download template	☐	Attachment 2 - Budget Form
Attachment #3 Three Year Funding History (Excel Document only) download template	☐	Attachment 3 - 3 year funding history
Attachment #4 In-Kind Explanation Form (Excel Document only) download template	☐	Attachment 4 - In-kind explanation form
Attachment #5 Performance Measures Form (Word Only) If more than one, copy and submit multiple measures on one Word Document. download template	☐	Attachment 5 - CDBG Performance Measures
Exhibit A - Documentation of Non Profit Status (PDF)	☐	Exhibit A - 501c3 letter
Exhibit B - Copy of Current Operating Budget (Excel, PDF or Word)	☐	Exhibit B - Agency Budget
Exhibit C - Copy of Audit - See Application Manual for the type you are required to submit	☐	Exhibit C - Audit
Exhibit D - Copy of IRS 990 See Application Manual for direction	☐	Exhibit - D 990
Exhibit E - Board of Directors PDF on Letterhead	☐	Exhibit E - Board of Directors
Exhibit F - Articles of Incorporation (PDF)	☐	Exhibit F- Articles of Incorporation
Exhibit G - Fee Schedule (PDF)	☐	Exhibit G - Fee Schedule
Exhibit H - Letters of Monetary Support 0r Committed Funds	☐	Exhibit H - SAPTA funding ltr

** ZoomGrants™ is not responsible for the content of uploaded documents.*

ATTACHMENT #1 – CERTIFICATIONS

Incomplete applications will not be accepted.
Complete, sign and download this two page form by PDF for each application submitted

As a condition of applying for Community Development Block Grant Public Service (CDBG PS) and/or Housing Opportunities For Persons With AIDS (HOPWA) funds, agencies acknowledge the following:

Community Counseling Center

(name of organization requesting federal funds)

CERTIFICATION AND COMPLIANCE WITH CIVIL RIGHTS ACT OF 1964 AND AMERICANS WITH DISABILITIES ACT OF 1990

Certifies that it prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964. Written documents outlining this organization's non-discrimination policy are posted at organization, on file and available for review. It is further certified that this organization has reviewed its programs, programs and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written documentation concerning this review and corrective actions taken (if any) are on file and available for review.

CERTIFICATION OF NON-DEBARRED STATUS

The undersigned acknowledges and certifies that they are in compliance with 24 CFR Part 5 and 24 CFR Part 570.609 & 574 - Use of debarred, suspended or ineligible contractors or subrecipients. Assistance under this Part shall not be used directly or indirectly to employ, award contracts to, or otherwise engage the services of, or fund any contractor or subrecipient during any period of debarment or placement in ineligibility status under the provisions of 24 CFR Part 24.

Further, in the case of construction programs, the prime contractor certifies same for self and all subcontractors on any federally funded program.

CERTIFICATION OF CITY OF LAS VEGAS AFFILIATION

List the names and positions of members of the Board of Directors, officers, workers or members of the organization who are on the City Council, appointed by a member of the City Council or a City employee. **If none, check the box below that states NONE.**

☒ **NONE IN ORGANIZATION**

NAME	POSITION IN ORGANIZATION	AFFILIATION WITH CITY

THRESHOLD CERTIFICATION

Agency understands it must comply with the minimum thresholds set forth by PRNS for each funding source, as stated in the Application Manual. In addition, all attachments must be submitted in either PDF, or the original format of the documents as provided on the City of Las Vegas Website, and the Zoom Grants website. Failure to submit the required documents would deem the application unacceptable.

CERTIFICATION OF APPLICATION

The Board of Directors of Community Counseling Center
does hereby resolve that on November 16 2011,

the Board reviewed the Application for City of Las Vegas Federal Grant Funds (CDBG and/or HOPWA) to be submitted to the City of Las Vegas Office of Parks, Recreation & Neighborhood Services for funding consideration for the fiscal year 2012/2013 and in a proper motion and vote approved this application for submission. The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Nevada.

The Board proposes to provide the services or program identified in the Program Narrative in accordance with this application for Community Development Block Grant Funds and/or Housing Opportunities for Persons With AIDS. If this application is approved and this organization receives federal funding from the City of Las Vegas, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete. I acknowledge and accept the terms and conditions of the Threshold Certification, and understand that omission of any required documents shall render the application as non-acceptable.

I also authorize the following person(s) to have signatory authority regarding this grant:

Ron Lawrence	Executive Director
Name	Title
Antioco Carrillo	COO
Name	Title
Kate Gilman, President	11/16/2011
President/Board of Directors (Or other authorized person)	Date

Failure to respond to any of the information requested in the application package may be reason to deny the application. Additional financial information may be requested upon review of the application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to $10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

ATTACHMENT 2 – PROGRAM BUDGET

This section *outlines your organization's plan on how resources, especially time or money will be allocated or spent during the 2012/2013 fiscal year.* Please round to the nearest hundred. ***Incomplete applications will not be accepted. Do not enter zeros in every column, just list figures in the columns that apply.***

NOTE: USE ONE COLUMN (D, E, F and G) FOR EACH NON-CITY OF LAS VEGAS FUNDING SOURCE TO INDICATE THE RESOURCE TO EXPENSE CATEGORY.

To minimize backup documentation, please limit your line item requests to five (5)

Total Program Budget Column automatically totals from B-G

This is a one page form

Expense Category	Total Program Budget	CLV CDBG Portion	Resources other than CLV			
(A)	(B)	(C)	(D)	(E)	(F)	(G)
FUNDING SOURCE	Automatic Total	CDBG	Agency funds & In-Kind***	Other Federal Funds	State & Local Funds	Foundations & Other Funds
Direct Client Services	Automatic totals					
Salaries & Fringes	$525,400	$65,000	$6,400		$454,000	$0
Administration						
Salaries & Fringes	$33,700		$6,200		$27,500	
DIRECT PROGRAM DELIVERY COSTS						
Program Supplies	$0					
Client equipment/materials	$0					
Other:*	$0					
SUPPLIES						
Office Supplies	$700				$700	
Postage	$100				$100	
Other:*	$0					
OPERATING						
Rent (Building) Morgage	$6,000		$3,000		$3,000	
Rent (Facility Use)	$0					
Utilities	$2,400		$1,000		$1,400	
Telephone	$700		$100		$600	
Bookkeeping	$2,200		$1,700		$500	
Consultants	$0					
Audit/CPA	$6,000		$3,000		$3,000	
Payroll Services	$900		$900			
Printing	$900		$900			
Fidelity Bond	$0					
Liability Insurance**	$0					
Legal	$300		$300			
Travel	$100		$100			
Conferences & Seminars	$0					
Staff Training	$2,200		$2,200			
Other:* Fees/Licenses	$1,200		$700		$500	
Other:*	$0					
Other:*	$0		$0			
EQUIPMENT PURCHASE						
Computers/Software	$0					
Office Equipment (lease)	$2,200		$2,200			
Other (Specify)*	$0					
TOTALS	**$585,000**	$65,000	$28,700	$0	$491,300	$0

Column B must equal columns C-G

** ***Liability insurance is required of all subrecipients and may be partially paid from grant funds.***

*** Agency Cash	$28,700	Please separate the total of Column D in these 2 boxes - if no
*** In-Kind Value	$0	In-Kind is counted place 0 in that box

ATTACHMENT 3 – PROGRAM FUNDING HISTORY

Use this section to provide an account of the revenue and expenses of your organization for the past three years and a current year projected budget. Incomplete applications will not be accepted. Do not include In-Kind in this document, use the explanation at the bottom.

The columns will total automatically

This is a one page form

Funding Cycle	09/10	10/11	11/12	Projected 12/13
REVENUE				
CITY	$ 106,782	$ 98,205	$ 167,805	$ 184,586
COUNTY	$ 140,181	$ 130,185	$ 130,185	$ 143,204
STATE	$ 788,892	$ 970,606	$ 1,187,262	$ 1,305,988
FEDERAL	$ 882,375	$ 782,725	$ 743,616	$ 817,978
FEES CHARGED	$ 187,164	$ 127,719	$ 125,000	$ 137,500
FUNDRAISING	$ 16,140	$ 26,668	$ 22,000	$ 24,200
DONATIONS	$ 11,123	$ 19,432	$ 10,000	$ 11,000
OTHER *(explain)*	$ 115,402	$ 82,595	$ 68,000	$ 74,800
OTHER *(explain)*	$ 109,968	$ 63,563	$ 95,000	$ 104,500
PRIOR YEAR CARRYOVER				
TOTAL REVENUE	**$2,358,027**	**$2,301,698**	**$2,548,868**	**$2,803,755**
EXPENSES				
SALARIES	$ 1,718,288	$ 1,624,975	$ 1,877,213	$ 2,064,934
BENEFITS	$ 167,087	$ 176,356	$ 182,148	$ 200,363
INSURANCE	$ 35,410	$ 34,851	$ 35,000	$ 38,500
AUDIT/BOOKKEEPING	$ 41,161	$ 38,806	$ 34,250	$ 37,675
RENT	$ 1,200	$ 9,798	$ 24,435	$ 26,879
UTILITIES	$ 37,524	$ 31,332	$ 26,000	$ 28,600
CONSULTANTS	$ 31,784	$ 1,918	$ -	$ -
TRAVEL	$ 1,210	$ 1,940	$ -	$ -
OFFICE SUPPLIES	$ 23,349	$ 27,289	$ 28,000	$ 30,800
EQUIPMENT	$ 7,134	$ 10,854	$ 12,000	$ 13,200
PRINTING	$ 4,899	$ 6,715	$ 7,000	$ 7,700
DIRECT CLIENT SERVICES				$ -
OTHER *(explain)*	$ 5,727	$ 21,701	$ 12,000	$ 13,200
OTHER *(explain)*	$ 128,303	$ 152,040	$ 152,000	$ 167,200
OTHER *(explain)*	$ 108,857	$ 132,273	$ 127,750	$ 140,525
OTHER *(explain)*				$ -
TOTAL EXPENSES	**$2,311,932**	**$2,270,848**	**$2,517,796**	**$2,769,576**
REVENUE LESS EXPENSES	**$46,095**	**$30,850**	**$31,072**	**$34,179**

Note 1: CCC's Direct Services are our salaries for counselors. FY 9/10 $116,000.00 from contracts (DFS, HELP of SN, TANF, Federal Parole and Probation) $63564.00 from VOICE Foundation, $24,000.00 from Catholic Healthcare West, $22,404.00 from United Way=$109,968.00 FY 10/11 $98,000.00 from contracts (DFS, HELP of SN, TANF, Federal Parole and Probation) $63,563.00 from VOICE Foundation, FY 11/12 $61,000 from contracts (DFS, TANF, Federal Parole and Probation) $65,000.00 from VOICE Foundation

ATTACHMENT #5 – CDBG PERFORMANCE MEASURES

Anticipated Program Outcomes: Complete the chart below to describe in detail the most significant outcome(s) this program is expected to accomplish involving its CLV CDBG participants. Provide the number of households (housing programs) and/or individuals that will benefit from each outcome. Also, explain how each outcome will be measured. Copy multiple Outcomes Tables on the same document.

Performance Measures are to document the benefit of the clients, not the agency. Their purpose is to describe the steps the client needs to take and the benchmarks to determine their progress in the funded program.

For multiple Performance Measures, copy the Outcome tables and paste them underneath with spaces in between. You do not have to copy the instructions.

Outcomes: Outcomes are not the products for the agency, but the benefits for the participants. What will be the benefits for the client? Why is this program being done? Examples of outcomes include: increase the percentage of individuals and their families that are living in stable housing, increase housing affordability for clients and their families, increase accessibility to affordable housing for clients and their families, etc. Include only the major program outcomes supported by the requested City funds.

Major Tasks: Outline the major tasks/activities to be conducted by this program (e.g. client outreach/assessment; housing referrals, information/referral, counseling/care coordinator, etc.

Outputs: Quantifiable products of tasks, e.g. number of clients and their families receiving rental housing assistance, number of clients and their families assisted to prevent from becoming homeless, number of clients and their families that received a housing referral or information, number of clients and their families receiving supportive services, etc.

Outcome Measurements: How will outcomes be measured? What follow-up/tracking will be provided to ensure outcomes are met? How will the program's impact on participants be evaluated?

State the Outcome and the number of CLV CDBG clients that will benefit for each major program component. Please be specific. The boxes will expand as you type.

Outcome #1:	
By June 30, 2013, 30 individuals diagnosed with *both* mental health disorders and addiction will experience addiction recovery and display an average of a 10 point improvement in the Global Assessment of Functioning (GAF) as depicted in the Diagnostic and Statistical Manual (DSM-IV-TR) of the American Psychiatric Association.	
Major Tasks Necessary to Realize Outcomes	**Outputs Resulting from Tasks**
Individuals referred to Community Counseling Center receive a comprehensive intake assessment and substance use screening to assess needs and the appropriate course of treatment.	30 individuals are admitted into the co-occurring program.
Clients participate in intensive outpatient drug therapy. Clients attend both individual and group therapy appointments three days a week. When indicated, clients receive referrals to additional internal and external supportive services for medications, health care, support groups, aftercare, social services, and family therapy.	30 individuals receive 15 hours of intensive drug treatment and therapy per week for 8 weeks. Upon discharge, clients are referred to aftercare programs for continuum of care.
Counselors regularly monitor client progress and maintain detailed records. GAF scores will be updated mid-treatment and prior to discharge. Clients will be subject to random drug testing.	30 individuals experience substance abuse recovery. All will be substance free at discharge. On average, clients will experience an increase of 10 points on the GAF scale, a significant improvement for individuals with dual-diagnoses.

Outcome Measurements: Describe evaluation tools, methods and benchmarks used to measure this outcome.

Counselors will maintain detailed records of demographic information and progress notes for each client. Individual progress in therapy will be determined by the counselor's employment of the Global Assessment of Functioning (GAF) as depicted in the Diagnostic and Statistical Manual (DSM-IV-TR) of the American Psychiatric Association at assessment, after four weeks of treatment, and at discharge.

GAF scoring is a standardized method used by mental health professionals to determine a client's level of functioning. Clients are scored on a 100 point scale. As an example, a score of 41 indicates severe symptoms (suicidal ideation, severe obsessive rituals) or any serious impairment in social, occupational, or school functioning (no friends, unable to keep a job). A ten point improvement for this individual (GAF score of 51) would mean that he or she is experiencing difficulties at a moderate level, such as occasional panic attacks, and would have a few friends and a job (where there are occasional conflicts.) A ten point improvement is significant for this population. All admitted individuals will have a score of at least 40 at intake. (Lower scores indicate that a different type of treatment is warranted, and appropriate referrals would be made at that time.)

In addition, clients are expected to remain substance-free in the program, and will be subject to random drug testing via urinalysis (UA). 100% will be substance-free at the time of discharge from the program.

Clients will remain in the program until the counselor determines there has been a sustained period of abstinence, alleviation of symptoms, and a positive change in the Global Assessment of Functioning scale. Individuals who do not show significant improvement after the initial 8 weeks of treatment will remain in the program.

Community Counseling Center

Agency Budget

FYE 9-30-2012

Ordinary Income/Expenses	FY 11-12 Budget
Income	
Contribution Income	
Restricted -	
Grant/Contract Income	2,318,838
Total Restricted	**2,318,838**
Unrestricted -	
Fundraising	22,000
Grant/Contract - Unrestricted	30,000
Rental Income	82,800
OTC Fees	125,000
Other Unrestricted Contributions	8,000
Total Unrestricted	**267,800**
Total Contribution Income	**2,586,638**
Inkind Contributions	
General	3,000
Total Income	**2,589,638**
Expenses	
Direct Services	
Drug Testing	5,000
Client Medication (Lam's Pharmacy)	33,200
Outside Services	106,010
Total Direct Services	**144,210**
Salaries & Benefits	
Salaries	1,877,213
Employee Benefits - Health & Dental & Life	182,148
Insurance - Workers Comp	28,158
Insurance - General Liability	33,870
Payroll Taxes	166,134
Total Salaries & Benefits	**2,287,523**
Operating/Fundraising	
Advertising	8,000
Printing/Reproduction	1,500
Bank Service Charges	350
Equipment Purchases/Leases	12,000
Computer Support & Maintenance	35,000
Dues/Subscriptions	16,000
Education/Trainings/Workshops	2,500
Fundraising Expense	12,000
Meals & Entertainment	5,000
Postage & Delivery	5,500
Professional Fees - Accounting	14,250
Professional Fees- Audit	20,000
Professional Fees - Legal	1,000
	4,000

Community Counseling Center
Agency Budget
FYE 9-30-2012

Ordinary Income/Expenses	FY 11-12 Budget
Professional Fees - Payroll Service	4,500
Rent /Mortgages	61,200
Travel	4,000
Utilities	26,000
Office Expense	28,000
Security	3,700
Total Operating/Fundraising	**264,500**
Other Expenses	
Interest Expense	2,400
	-
Total Other Expenses	**2,400**
Total Expenses	**2,698,633**
Other Income/Expense	
Other Income	
Interest Income	-
Other Income	-
Total Other Income	**-**
Other Expense	
InKind Expense - Accounting	3,000
InKind Expense -	-
Total Other Expense	**3,000**
Net Other Income	**(3,000)**
Net Income	**(111,995)**

Community Counseling Center
Financial Statements and
Reports of Independent Certified Public Accountants
September 30, 2010 and 2009

STOUT Keeton LLC
Certified Public Accountants
Non-Profit Compliance | Internal Control Consultants
Brenda J. Stout CPA | Lynda R. Keeton-Cardno CPA

CONTENTS

STOUT *Keeton* LLC

Certified Public Accountants

Non-Profit Compliance | Internal Control Consultants

Report of Independent Public Accounting Firm

To the Board of Directors of
Community Counseling Center:

We have audited the accompanying statements of financial position of Community Counseling Center (a nonprofit organization) as of September 30, 2010 and 2009, and the related statements of activities, functional expenses, and cash flows for the two years then ended. These financial statements are the responsibility of the Community Counseling Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Counseling Center as of September 30, 2010 and 2009, and the changes in its net assets and its cash flows for the two years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated January 14, 2011, on our consideration of Community Counseling Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and important for assessing the result of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of Community Counseling Center taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purpose of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Stout Keeton LLC

Stout Keeton LLC
Henderson, NV

January 14, 2011

375 N Stephanie St. Bldg 2, Henderson NV 89014 | tel: 702 322 1192 | fax: 702 322 1193
Brenda J. Stout CPA | Lynda R. Keeton-Cardno CPA

COMMUNITY COUNSELING CENTER
STATEMENT OF FINANCIAL POSITION
FOR THE YEARS ENDED

	September 30, 2010	September 30, 2009
ASSETS		
Current assets		
Cash	$ 107,289	$ 102,244
Patient receivable, net	31,436	15,075
Grants receivable	182,162	187,037
Pledge receivable	47,672	24,000
Other receivable	2,962	6,875
Prepaids	26,552	20,426
Inventory	12,895	-
Total current assets	410,968	355,657
Property and equipment, net	557,122	566,659
Total assets	$ 968,090	$ 922,316
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued expenses	155,457	134,223
Deferred revenue	6,038	-
Line of credit	16,431	-
Capital lease liability, current portion	4,640	-
Notes payable, current portion, net of debt discount	39,437	38,950
Total current liabilities	222,003	173,173
Long term liability		
Long term capital lease liability	11,599	-
Long term note payable, net of debt discount	168,059	207,496
Total liabilities	401,661	380,669
Net assets		
Unrestricted net assets	518,757	517,647
Temporarily restricted net assets	47,672	24,000
Total net assets	566,429	541,647
Total liabilities and net assets	$ 968,090	$ 922,316

The accompanying notes are an integral part of these financial statements.

COMMUNITY COUNSELING CENTER
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2010

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Grants	$ 2,074,361	$ 47,672	$ 2,122,033
Program	310,635	-	310,635
Donations	12,112	-	12,112
Fundraising	3,685	-	3,685
Special events, net of $12,680	44,377	-	44,377
In-kind	8,000	-	8,000
Other income	3,600	-	3,600
Total revenue and other support	2,456,770	47,672	2,504,442
Net assets released from donor restrictions	24,000	(24,000)	-
Total Revenue	2,480,770	23,672	2,504,442
Expenses			
Program expenses	2,160,957	-	2,160,957
Support services:			
Fundraising	49,259	-	49,259
Management and general	265,411	-	265,411
Total support services	314,670	-	314,670
Total Expenses	2,475,627	-	2,475,627
Other infrequent losses			
Loss on disposal of fixed assets	4,033	-	4,033
Change in net assets after infrequent items	1,110	23,672	24,782
Net assets, beginning of the year	517,647	24,000	541,647
Net assets, end of the year	$ 518,757	$ 47,672	$ 566,429

The accompanying notes are an integral part of these financial statements.

COMMUNITY COUNSELING CENTER
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2009

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Grants	$ 2,022,798	$ 24,000	$ 2,046,798
Program	490,226	-	490,226
Donations	11,133	-	11,133
Special events, net of $6,781	13,185	-	13,185
In-kind	15,738	-	15,738
Other income	3,052	-	3,052
Total revenue and other support	2,556,132	24,000	2,580,132
Net assets released from donor restrictions	-	-	-
Total Revenue	2,556,132	24,000	2,580,132
Expenses			
Program	2,293,416	-	2,293,416
Support services:			
Fundraising	11,549	-	11,549
Management and general	207,335	-	207,335
Total support services	218,884	-	218,884
Total Expenses	2,512,300	-	2,512,300
Other infrequent losses			
Loss on disposal of fixed assets	1,178	-	1,178
Change in net assets	42,654	24,000	66,654
Net assets, beginning of the year	474,993	-	474,993
Net assets, end of the year	$ 517,647	$ 24,000	$ 541,647

The accompanying notes are an integral part of these financial statements.

COMMUNITY COUNSELING CENTER
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2010

	Program Services	Support Services: Fund Raising	Support Services: Management and General	Totals
Advertising	$ 1,029	$ 43	$ 357	$ 1,429
Computer support and maintenance	23,680	987	8,222	32,889
Depreciation	21,329	889	7,406	29,624
Education and seminars	21,458	14	115	21,587
Fundraising	-	5,727	-	5,727
In-kind	2,152	11,772	747	14,671
Insurance	145,589	6,066	50,552	202,207
Interest	21,255	886	7,380	29,521
Meals and entertainment	4,753	198	1,650	6,601
Office supplies	37,429	1,557	12,996	51,982
Postage and delivery	4,151	173	1,441	5,765
Printing and reproduction	3,527	147	1,225	4,899
Professional fees	33,277	1,387	11,555	46,219
Program services	78,750	-	-	78,750
Repairs and maintenance	8,153	340	2,831	11,324
Salaries and taxes	1,680,773	17,480	145,663	1,843,916
Utilities	30,228	1,260	10,496	41,984
Bad debt expense	33,720	-	-	33,720
Other	9,704	333	2,775	12,812
	$ 2,160,957	$ 49,259	$ 265,411	$ 2,475,627

The accompanying notes are an integral part of these financial statements.

COMMUNITY COUNSELING CENTER
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2009

	Program Services	Support Services: Fund Raising	Support Services: Management and General	Totals
Advertising	$ 772	$ 12	$ 220	$ 1,004
Automobile expense	766	12	218	996
Computer support and maintenance	21,617	343	6,158	28,118
Depreciation	23,690	376	6,748	30,814
Dues and subsciptions	2,017	32	574	2,623
Education and seminars	10,293	-	-	10,293
In-kind	12,099	192	3,447	15,738
Insurance	142,499	2,261	40,592	185,352
Interest	23,955	380	6,824	31,159
License and permits	2,900	46	826	3,772
Office supplies	39,802	632	11,336	51,770
Outside services	204	3	58	265
Postage and delivery	417	7	119	543
Professional fees	94,541	1,500	26,931	122,972
Program services	7,678	-	-	7,678
Rent	35,756	120	2,152	38,028
Repairs and maintenance	5,313	84	1,513	6,910
Salaries and taxes	1,728,225	4,950	88,860	1,822,035
Utilities	37,771	599	10,759	49,129
Bad debt expense	103,101	-	-	103,101
	$ 2,293,416	$ 11,549	$ 207,335	$ 2,512,300

The accompanying notes are an integral part of these financial statements.

COMMUNITY COUNSELING CENTER
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED

	September 30, 2010	September 30, 2009
Cash flows from operating activities:		
Change in net assets	$ 24,782	$ 66,654
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	29,624	30,814
Allowance for doubtful accounts	33,720	103,101
Debt discount (as interest expense)	16,951	21,751
Loss on disposal of asset	4,033	1,178
Changes in assets and liabilities:		
Accounts receivable	(50,081)	(125,051)
Grants receivable	4,875	57,590
Pledges recievable	(23,672)	(22,500)
Prepaid expenses	(6,126)	(20,426)
Inventory	(12,895)	-
Other current assets	3,913	-
Accounts payable and accrued expenses	21,233	(39,194)
Deferred revenue	6,038	(4,375)
Net cash provided by operating activities	52,395	69,542
Cash flows from investing activities:		
Purchase of fixed assets	(5,561)	(17,474)
Net cash used in investing activities	(5,561)	(17,474)
Cash flows from financing activities:		
Proceeds from line of credit	134,380	-
Payments on line of credit	(117,949)	-
Payment on lease liability	(2,319)	-
Payments on notes payable	(55,901)	(55,442)
Net cash used in financing activities	(41,789)	(55,442)
Increase (decrease) in cash and cash equivalents	5,045	(3,374)
Cash and cash equivalents, beginning of the year	102,244	105,618
Cash and cash equivalents, end of the year	$ 107,289	$ 102,244
Supplementary disclosures and disclosures of non-cash investing transactions:		
Cash paid for interest	$ 12,570	$ 5,881
Disposal of fixed assets	$ 25,091	$ 14,036
Capitalized lease	$ 18,558	$ -
Net assets released from restriction	$ 24,000	$ -

The accompanying notes are an integral part of these financial statements.

COMMUNITY COUNSELING CENTER
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2010 AND 2009

NOTE 1. NATURE OF ACTIVITIES

Through education, prevention, treatment and advocacy, Community Counseling Center (the "Center") is dedicated to promoting the healthy functioning of individuals, families, and communities through affordable, sensitive, and professional behavioral health services in a safe environment. The Center provides services to those affected by substance abuse, criminality, HIV/AIDS / Hepatitis C, addictions, dysfunction and abuse in all its forms. The Center is committed to providing competent, linguistically appropriate, compassionate, and professional mental health care. Below is a description of the program services offered by The Center:

Mental Health Services
The Center offers treatment of disorders of adjustment, mood, personality, and trauma-related incidents. This treatment includes Stress Impulse Anger Management, Adolescent Counseling, Couples Counseling, Family Therapy, Individual Counseling, Gay, Lesbian, Bisexual and Transgendered services among other programs.

Substance Abuse Services
The Center offers individualized professional treatment that provides a continuum of care that includes Early Intervention, Outpatient Services, Intensive Outpatient Services and Aftercare. This treatment includes Intake Evaluation, Outpatient Group and Individual, Intensive Outpatient Program, Adolescent Counseling, and DUI Court among others programs.

Co-occurring Disorder Services
The Center offers treatment for those who suffer from mental health issues in conjunction with substance abuse.

Community Health
The Center assists persons diagnosed with HIV/AIDS and/or Hepatitis C ("HCV") in developing coping skills that emphasize social, psychological, and physical well being. Counseling is provided to those who are infected as well as to those who are affected by HIV/AIDS and/or HCV. Services include HIV Prevention and counseling for HIV infected/affected among other community health programs.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Presentation
The Center maintains its accounts on the accrual basis of accounting and accordingly reflects all significant receivables, payables and other liabilities.

The financial statement presentation in these financial statements follows the recommendations of authoritative accounting guidance generally accepted in the United States. Net assets and revenues and other support are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

- **Permanently restricted net assets** - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Center. Generally, the donors of these assets permit the institution to use all or part of the income earned on related investments for general or specific purposes.

- **Temporarily restricted net assets** - Net assets subject to donor-imposed stipulations that may or will be met by actions of the Center and/or the passage of time.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

- **Unrestricted net assets** - Net assets not subject to donor-imposed stipulations.

Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law. Expirations of temporary restrictions on net assets, i.e., the donor-stipulated purposes have been fulfilled and/or the stipulated time period has elapsed, are reported as reclassifications between the applicable classes of net assets.

Reclassification
Certain reclassifications reported in prior records, which have no effect on net loss, have been adjusted to conform to the current presentation.

Concentration of Grant Resources
For the years ended September 30, 2010 and 2009 the Center received 85 and 79 percent of its revenues from grants. This concentration of revenues could adversely impact the Center and its ability to continue as a going concern if these grants were terminated or diminished.

Income Tax Status
The Center is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The Center qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Use of Estimates
Timely preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts, some of which may require revision in future periods.

Cash Equivalents
The Center considers certificates of deposit and all highly liquid instruments purchased with an original maturity of three months or less to be cash equivalents. The Center had no cash equivalents as of September 30, 2010 and 2009.

Property and Equipment
Property and equipment are carried at cost, or if donated, at the approximate fair value at the date of the donation. Depreciation is computed using the straight-line method. Buildings and improvements are depreciated over a useful life of fifteen years and furniture and equipment are depreciated over a useful life of five years. The Center capitalizes items that have a life greater than 1 year and a cost of $500 or more.

Revenue Recognition for Contributions
Contributions, grants, and bequests including unconditional promises to give are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires by a stipulated time restriction lapsing or by the purpose of the restriction having been accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Donor restricted

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

contributions whose restrictions are met in the same period received are reported as unrestricted support.

Receivables
Patient receivables are stated as unpaid balances, less an allowance for doubtful accounts. The Center provides for losses on receivables using the allowance method. It is the Center's policy to record an allowance for any patient fees outstanding greater than 90 days. As of September 30, 2010 and 2009 there was approximately $60,800 and $116,400 recorded as patient receivables net of applicable allowance of approximately $29,400 and $101,400 that was deemed uncollectable.

Grant Receivable
Grants receivables represent unreimbursed costs under the Center's grants. Revenue is recognized once the Center incurs program specific costs that are reimbursed by the granting agency. As of September 30, 2010 and 2009 there is approximately $182,200 and $187,000 recorded as grants receivable, all of which was deemed collectible.

Pledge Receivable
Pledge receivables represent contributions acknowledged from their parties prior to September 30, but not transmitted to the Center until after that date. The Center's pledge receivables are collectable within one year. As of September 30, 2010 and 2009 there is approximately $47,700 and $24,000 recorded as pledge receivables, all of which is deemed to be collectible.

Prepaid Expenses
Expenses paid in the current fiscal year which relate to events or activities that will occur in future periods are recorded as prepaid expenses and are expensed in the fiscal year in which the related event or activity occurs. As of September 30, 2010 and 2009 there is approximately $26,600 and $20,400 recorded as prepaid expense.

Inventory
The Center's inventory consists of unsold special event items. These items are being held for future events and are stated at lower of cost or market. As of September 30, 2010, there is approximately $12,900 in inventory. The Center had no inventory as of September 30, 2009.

Capital Leases
Certain long-term lease transactions relating to the financing of equipment are accounted for as capital leases. Capital lease obligations reflect the present value of future rental payments, discounted at the interest rate implicit in the lease.

Temporarily Restricted Net Assets
The Center has adopted the following optional accounting policies with respect to temporarily restricted net assets:

- **Contributions with Restrictions Met in the Same Year** - Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenues of unrestricted net assets. As of September 30, 2010 and 2009, the Center has

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

reported approximately $47,700 and $24,000 of temporarily restricted net assets whose restrictions are expected to be met in the next fiscal year.

- **Release of Restrictions on Net Assets for Acquisition of Land, Building and Equipment** - Contributions of land, building and equipment without donor stipulations concerning the use of such long-lived assets are reported as revenues of unrestricted net assets. Contributions of cash or other assets to be used to acquire land, building, and equipment with donor stipulations are reported as revenues of temporarily restricted net assets; the restrictions are considered to be released at the time of acquisition of such long-lived assets. No such contributions were received by the Center in 2010 or 2009.

Functional Expenses
The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited, based on management's estimates.

Donated Services
Donated services that meet the criteria for accounting recognition are reflected as contributions in the accompanying statements of activities at their estimated values at the date of donation. As of September 30, 2010 and 2009 there was approximately $8,000 and $15,700 in donated services provided by licensed professionals required to be recognized by accounting principles generally accepted in the United States of America.

NOTE 3. PROPERTY AND EQUIPMENT

Property and equipment and related accumulated depreciation consist of the following as of September 30:

	2010	2009
Cost		
Land	$ 97,126	$ 97,126
Building and improvements	575,207	575,207
Furniture and equipment	115,201	120,206
	787,534	792,539
Accumulated Depreciation		
Land	-	-
Building and improvements	(151,060)	(135,126)
Furniture and equipment	(79,352)	(90,754)
	(230,412)	(225,880)
Fixed assets, net	$ 557,122	$566,659

Depreciation is calculated on a straight-line basis over the estimated useful lives of the assets. Depreciation expense totaled approximately $29,600 in 2010 and $30,800 in 2009.

Approximately $29,000 of fixed assets and $25,000 of their respective accumulated depreciation were disposed of during 2010 for no cash consideration.

NOTE 3. PROPERTY AND EQUIPMENT (continued)

Approximately $15,200 of fixed assets and $14,000 of their respective accumulated depreciation were disposed of during 2009 for no cash consideration.

NOTE 4. CAPITAL LEASE LIABILITY

In 2010, the Center entered into a lease agreement for two copiers. The lessor paid off the remainder of the Center's prior operating lease. The assets and liabilities under capital leases are recorded at the lower of the present value of the minimum lease payments or the fair value of the asset. The assets are depreciated over the lower of their related lease terms or their estimated productive lives. These assets totaled approximately $18,600 and are included under the caption furniture and equipment on the Center's Statement of Financial Position for the year ended September 30, 2010.

Future minimum payments on this lease are due as follows:

For the year ended September 30,		
2011	$	4,640
2012		4,640
2013		4,640
2014		2,319
2015		-
2016 and after		-
	$	16,239

NOTE 5. LINE OF CREIDT

The Center drew upon an existing revolving line of credit of $100,000 with Nevada State Bank which carries an interest of 5.25% as of September 30, 2010. As of September 30, 2010 the Center had an outstanding balance of approximately $16,400. The Center carried no outstanding balance as of September 30, 2009.

NOTE 6. LONG-TERM DEBT

Long-term debt consists of the following at September 30:

	2010	2009
Mortgage note, entered on April 2000, payable to Gilcrease Nature Sanctuary, monthly payments of $4,000, interest of 0% payable through September 2013, secured by deed of trust on the property.	$ 143,507	$ 191,508
Mortgage note, payable to Wells Fargo, monthly payments of $1,110 including interest at 6% per annum payable through November 2018, secured by deed of trust on the property.	86,041	93,941
	229,548	285,449
Less: debt discount	(22,052)	(39,003)
Less: current portion, net of discount	(39,437)	(38,950)
Long-term portion of note payable	$ 168,059	$ 207,496

NOTE 6. LONG-TERM DEBT (continued)

As stated above, the Center entered into a note payable carrying interest of 0%, secured by a building, and due September 2013. Interest of 10% has been imputed based on the existing mortgage held by the Center, in accordance with the Financial Accounting Standard Board Accounting Standards Codification 835, Interest. Interest expense of approximately $17,000 and $21,800, for 2010 and 2009, respectively, has been recorded due to the amortization of the debt discount.

Principle payments on these notes are due as follows:

For the year ended September 30,		
2011	$	56,388
2012		56,906
2013		56,963
2014		10,038
2015		10,657
2016 and after		38,596
	$	229,548

NOTE 7. DEFERRED REVENUE

In 2010, the Center received cash of approximately $24,000 from a third party for the 12 months starting January 1, 2010 for services. As of September 30, 2010, approximately $6,000 has not been earned and has been recorded as deferred revenues. There was no deferred revenue as of September 30, 2009.

NOTE 8. SUBSEQUENT EVENTS

The Center has evaluated subsequent events through January 14, 2011, the date which the financial statements were available to be issued. The following events have occurred:

- In October 2010, the Center was awarded a grant from the City of Clark County in the amount of $1,700,000 for the reconstruction of their office location on Almond Tree Lane. The grant is effective July 2011, at which time the reconstruction process will begin.

- In December 2010, the Center's office location at Almond Tree Lane suffered significant damages due to a fire set by vandals. The building was evacuated and the Center is currently holding their operations out of a temporary location until the reconstruction stated above is completed.

STOUT *Keeton* LLC

Certified Public Accountants
Non-Profit Compliance | Internal Control Consultants

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

To the Board of Directors of
Community Counseling Center:

We have audited the financial statements of Community Counseling Center (a nonprofit organization) as of and for the year ended September 30, 2010, and have issued our report thereon dated January 14, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control over Financial Reporting

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

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

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above. However, we identified certain deficiencies in internal control over financial reporting, described in the accompanying schedule of findings and questioned costs that we considered to be significant deficiencies in internal control over financial reporting [10-1, 10-2]. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Community Counseling Center's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However,

providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under Government Auditing Standards and which are described in the accompanying schedule of findings and questioned costs as items 10-1, 10-2.

We noted certain matters that we reported to management of Community Counseling Center in a separate letter dated January 14, 2011.

Community Counseling Center's response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. We did not audit Community Counseling Center's response and, accordingly, we express no opinion on it.

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

Stout Keeton LLC

Stout Keeton LLC

Henderson, NV
January 14, 2011

STOUT *Keeton* LLC

Certified Public Accountants

Non-Profit Compliance | Internal Control Consultants

COMMUNITY COUNSELING CENTER
REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

To the Board of Directors of
Community Counseling Center:

Compliance

We have audited the compliance of Community Counseling Center with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133 Compliance Supplement* that are applicable to each of its major federal programs for the year ended September 30, 2010. Community Counseling Center's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of Community Counseling Center's management. Our responsibility is to express an opinion on Community Counseling Center's compliance based on our audit.

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

In our opinion, Community Counseling Center complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended September 30, 2010.

Internal Control Over Compliance

The management of Community Counseling Center is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered Community Counseling Center's internal control over compliance with the requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over compliance.

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

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

Community Counseling Center's responses to the findings identified in our audit are described in the accompanying schedule of findings and questioned costs. We did not audit the Center's response and, accordingly, we express no opinion on it.

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

Stout Keeton LLC

Stout Keeton LLC

Henderson, NV
January 14, 2011

COMMUNITY COUNSELING CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2010

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number		Pass-Through Entity	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION	93.959	*	State of Nevada	$ 190,884
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, COMMUNITY PLANNING AND DEVELOPMENT	14.241	*	City of Las Vegas	98,771
U.S. DEPARTMENT OF JUSTICE VIOLENCE AGAINST WOMEN OFFICE	16.588		State of Nevada	28,646
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION	93.917		State of Nevada	65,916
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, COMMUNITY PLANNING AND DEVELOPMENT	14.218		City of Las Vegas	18,150
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR DISEASE CONTROL AND PREVENTION	93.940	*	Southern Nevada Health Districted	102,500
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION	93.914	*	Clark County	285,177
			Total Direct Awards	$ 790,044

* Denotes a Major Program

COMMUNITY COUNSELING CENTER
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
SEPTEMBER 30, 2010

NOTE 1. BASIS OF ACCOUNTING

The accompanying schedule of expenditures of federal awards includes the federal grant activity of the Center and is presented in accordance with generally accepted accounting principles and in accordance with the requirements of OMC Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations.*

NOTE 2. PASS-THROUGH AWARDS

If Community Counseling Center received certain Federal financial assistance from pass-through awards, the pass-through entities are listed on the Schedule of Expenditures of Federal Awards.

COMMUNITY COUNSELING CENTER
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED SEPTEMBER 30, 2010

SUMMARY OF AUDITOR'S RESULTS

1. The auditor's report expresses an unqualified opinion on the financial statements of Community Counseling Center.

2. There are reportable conditions related to the audit of the financial statements reported in this schedule.

3. No instances of noncompliance material to the financial statement of Community Counseling Center, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.

4. No reported conditions were disclosed during the audit of internal control over major federal award programs.

5. The auditor's report on compliance for the major federal award programs for Community Counseling Center expresses an unqualified opinion on the major federal programs.

6. No audit findings to the major federal award programs for Community Counseling Center are reported.

7. The programs tested as major programs were U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA number 93.959, U.S. Department of Housing and Urban Development, Community Planning and Development, CFDA number 14.241, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA number 93.940, and U.S. Department of Health and Human services, Health Resources and Services Administration, CFDA number 93.914.

8. The threshold used for distinguishing between Type A and Type B programs was $300,000.

9. Community Counseling Center qualified as a high-risk auditee.

FINDINGS – FINANCIAL STATEMENT AUDIT

10-1 *Condition:* The Center did not properly capitalize copiers that were leased during the year.

Criteria: Internal controls should be in place to ensure the Center is knowledgeable of capitalization criteria in accordance with generally accepted accounting principles.

Effect: Failure to capitalizing assets could result in understated assets and liabilities.

Recommendation: All assets purchased or received should be analyzed to determine if it meets the Centers capitalization policy and is in accordance with generally accepted accounting principles.

Management Response: All purchases over the capitalization threshold will be reviewed to ensure it meets the capitalization requirements. Additionally, on a quarterly basis office expense accounts will be reviewed to ensure capturing any items that should have been capitalized.

10-2 *Condition:* Upon data entry, revenue and expense transactions that are similar in nature are inconsistently coded amongst the general ledger accounts. Additionally, transactions that can be directly associated with Program or Support functions are not consistently classified as such in the accounting software.

Criteria: Internal controls should be in place to ensure proper coding and classification of data in the accounting software.

Effect: Improper coding and classification of data provides false measurement to management and other decision makers.

Recommendation: To ensure accurate financial statements, data should be consistently and appropriately coded and classified. Those in charge of data entry and review should be cognizant of where transactions are coded and classified.

Management Response: Management will ensure proper coding and classification of accounts payable data entry by performing a review of items entered on a bi-monthly basis. For other areas of data entry individuals responsible for data entry will be reminded of the need for accuracy and consistency.

FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARDS PROGRAM AUDIT

No audit findings to the major federal award programs for Community Counseling Center are reported.

COMMUNITY COUNSELING CENTER
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
SEPTEMBER 30, 2010

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

08-1 *Condition:* Improper expense date recognition upon transaction recording in the accounting software.

Criteria: Internal controls should be in place to ensure proper recognition of expenses in accordance with the vendor invoice date.

Effect: Improper entry of when the Center has the obligation to pay expenses provides false measurement to management and other decision makers.

Recommendation: To recognize expenses in the period in which they were incurred, invoice dates on vendor invoices should be consistently used to record the date when the Center has an obligation to pay the vendor, not the date that the invoice is paid or received.

Questioned Costs: None.

Status of Finding:

- Internal controls over the recording of expenses have been corrected. Accounts payable invoices are recorded in the appropriate period.

09-1 *Condition:* The Center allows patients to carry an outstanding balance. The portion that the Center believed not to be collectible was not allowed for at year end.

Criteria: Internal controls should be in place to ensure that patient receivables are critically evaluated for collectability and that the Center allows for this bad debt at year end.

Effect: Failure to allow for uncollectable receivables results in overstated assets and revenue and provides an unrealistic future cash flow expectation.

Recommendation: Management should ensure that the portion of patient receivables identified as not collectible is allowed for at year end.

Questioned Costs: None.

Status of Findings

- Internal controls over allowance for doubtful accounts have been corrected. The Center has implemented a policy to record an allowance for any patient receivables outstanding greater than 90 days.

09-2 *Condition:* The Center prepares cash receipt reconciliations on a daily basis but does not have sufficient supporting documentation for verification of completeness.

Criteria: Internal controls should be in place to ensure the cash collected each day is what is deposited into the bank and what is recorded in the accounting software.

Effect: Failure to provide supporting documentation for cash receipts could result in the understatement of revenues and incomplete or inaccurate records.

COMMUNITY COUNSELING CENTER
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
SEPTEMBER 30, 2010

Recommendation: Management should ensure that all cash receipts are supported with the appropriate documentation indicating who the cash came from, what the cash is for, and when the cash was received. This documentation should correspond with the cash deposited and the records in the accounting software.

Questioned Costs: None.

Status of Findings

- Internal controls over cash receipts have been corrected. Supporting cash receipt documentation corresponds to what is deposited into the bank.

MUSTANG ACCOUNTING
375 N STEPHANIE ST
HENDERSON, NV 89014-8771
(702) 736-0992
BRENDA@MUSTANGCPA.COM

February 13, 2011

COMMUNITY COUNSELING CENTER
1120 ALMOND TREE LANE
LAS VEGAS, NV 89104

Dear Client,

Enclosed is the 2009 U.S. Form 990, Return of Organization Exempt from Income Tax, for COMMUNITY COUNSELING CENTER for the tax year ending September 30, 2010.

The return should be signed and dated by an authorized officer or fiduciary and mailed on or before February 15, 2011 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

GLORIA J DILLIAN

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Oct 1 **, 2009, and ending** Sep 30 **, 2010**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization: COMMUNITY COUNSELING CENTER

Number and street (or P.O. box if mail is not delivered to street addr): 1120 ALMOND TREE LANE — Room/suite:

City, town or country: LAS VEGAS — State: NV — ZIP code + 4: 89104

D Employer Identification Number: 94-3119458

E Telephone number: (702) 369-8700

G Gross receipts $ 2,504,442.

F Name and address of principal officer: RON LAWRENCE 1808 S 17TH ST LAS VEGAS NV 89104

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c) (3)◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW.CCCLASVEGAS.COM

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation: 1990 **M** State of legal domicile: NV

Part I Summary

1 Briefly describe the organization's mission or most significant activities: COUNSELING

THE CENTER PROVIDES ESSENTIAL READILY-AVAILABLE, COMPASSIONATE TREATMENT AND COUNSELING SERVICES TO DISADVANTRAGED AND AT RISK INDIVIDUALS AND FAMILIES COPING WITH EXTREMELY DIFFICULT CIRCUMSTANCES, INCLUDING ALCOHOL AND DRUG ADDICTION, HIV OR HEPATITIS INFECTION, HOMELESSNESS, DOMESTIC VIOLENCE.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of employees (Part V, line 2a)	**5**	57
6	Total number of volunteers (estimate if necessary)	**6**	16
7a	Total gross unrelated business revenue from Part VIII, lcolumn (C), ine 12	**7a**	0.
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,088,254.	2,190,207.
9	Program service revenue (Part VIII, line 2g)	490,226.	310,635.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,652.	3,600.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,580,132.	2,504,442.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,822,035.	1,843,916.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 49,259.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	691,443.	631,711.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,513,478.	2,475,627.
19	Revenue less expenses. Subtract line 18 from line 12	66,654.	28,815.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	922,316.	968,090.
21	Total liabilities (Part X, line 26)	380,669.	401,661.
22	Net assets or fund balances. Subtract line 21 from line 20	541,647.	566,429.

Part II Signature Block

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

Sign Here

► Signature of officer — Date

► Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► — Date: 02/11/11 — Check if self-employed ► ☒ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► MUSTANG ACCOUNTING
375 N STEPHANIE ST
HENDERSON NV 89014-8771

EIN ►

Phone no. ► (702) 736-0992

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

COUNSELING

THE CENTER PROVIDES INDIVIDUAL, FAMILY AND GROUP COUNSELING TO PEOPLE

See Form 990, Page 2, Part III, Line 1 (continued)

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

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

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

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

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

4a (Code: _____) (Expenses $ 2,160,957. including grants of $ 0.) (Revenue $ 310,635.)

Community Counseling Center provides essential, readily-available, compassionate treatment and counseling services to disadvantaged and at-risk individuals and families coping with extremely difficult circumstances, including alcohol and drug addictions, HIV or Hepatitis infection, homelessness, domestic violence, post-traumatic stress disorder and other mental health challenges such as depression and anxiety. These services support the overall community by preventing homelessness,increasing employability and strengthening families.

See detailed description on Schedule O.

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

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

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

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

4e Total program service expenses ► 2,160,957.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 57		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from other members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► KAY VELARDO, ADMINISTRATOR 1120 ALMOND TREE LANE LAS VEGAS NV 89104 (702) 369-8700

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(c) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATE GILMAN PRESIDENT	1.00	X						0.	0.	0.
ANN PONGRACZ VICE PRESIDENT	1.25	X						0.	0.	0.
BASIL RAFFA TREASURER	1.00	X						0.	0.	0.
ROB SCHLEGEL SECRETARY	0.50	X						0.	0.	0.
DAVID PARKS DIRECTOR	0.50	X						0.	0.	0.
TOM HARTMAN DIRECTOR	0.50	X						0.	0.	0.
BERNA RHODES-FORD DIRECTOR	0.50	X						0.	0.	0.
MISTY GRIMMER DIRECTOR	0.50	X			X			0.	0.	0.
RONALD LAWRENCE EXECUTIVE DIRECTOR	40.00				X	X		104,930.	0.	0.
ANTIOCO CARRILLO DEPUTY DIRECTOR	40.00				X			77,220.	0.	0.
V PASKEVICIUS COUNSELER	40.00				X			78,163.	0.	0.
KAY VELARDO ADMINISTRATOR	40.00				X			69,328.	0.	0.
LEONARD DEFILIPPO COUNSELER	40.00				X			55,493.	0.	0.
VIRGINIA MARTELL COUNSELER	40.00				X			55,248.	0.	0.
GERALDINE DROZD COUNSELER	40.00				X			53,932.	0.	0.
TRISTAN THIBAULT COUNSELER	40.00				X			51,439.		

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ►								545,753.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c 48,062.				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 2,142,145.				
	g Noncash contribns included in lns 1a-1f: $ 8,000.				
	h **Total.** Add lines 1a-1f	2,190,207.			
PROGRAM SERVICE REVENUE		Business Code			
	2a FEES FOR RELATED PROGRAMS	62111 310,635.	310,635.	0.	0.
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f	310,635.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real / (ii) Personal			
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including $ 48,062. of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
	11a OTHER INCOME	99999 3,600.	3,600.	0.	0.
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d	3,600.			
	12 **Total revenue.** See instructions	2,504,442.	314,235.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	416,152.	357,887.	54,100.	4,165.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,302,137.	1,214,847.	75,231.	12,059.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	125,627.	108,039.	16,332.	1,256.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	5,727.	0.	0.	5,727.
12 Advertising and promotion	1,429.	1,029.	357.	43.
13 Office expenses	51,982.	37,429.	12,996.	1,557.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	29,521.	21,255.	7,380.	886.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,624.	21,329.	7,406.	889.
23 Insurance	202,207.	145,589.	50,552.	6,066.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EDUCATION & SEMINARS	21,587.	21,458.	115.	14.
b AUTO EXPENSE	0.	0.	0.	0.
c BAD DEBT EXPENSE	33,720.	33,720.	0.	0.
d DUES & SUBSCRIPTIONS	0.	0.	0.	0.
e PROFFESSIONAL FEES	46,219.	33,277.	11,555.	1,387.
f All other expenses	209,695.	165,098.	29,387.	15,210.
25 **Total functional expenses.** Add lines 1 through 24f	2,475,627.	2,160,957.	265,411.	49,259.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing	102,244.	1	107,289.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	211,037.	3	229,834.
	4	Accounts receivable, net	21,950.	4	34,398.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	12,895.
	9	Prepaid expenses and deferred charges	20,426.	9	26,552.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 787,534.			
	b	Less: accumulated depreciation — 10b: 230,412.	566,659.	10c	557,122.
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	922,316.	16	968,090.
LIABILITIES	17	Accounts payable and accrued expenses	134,223.	17	155,457.
	18	Grants payable		18	
	19	Deferred revenue		19	6,038.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	246,446.	24	240,166.
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	380,669.	26	401,661.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	517,647.	27	518,757.
	28	Temporarily restricted net assets	24,000.	28	47,672.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	541,647.	33	566,429.
	34	Total liabilities and net assets/fund balances.	922,316.	34	968,090.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY COUNSELING CENTER	94-3119458

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**		
(ii) a family member of a person described in (i) above?	**11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**		

h Provide the following information about the supported organizations.

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	1,491,516.	1,227,839.	1,985,449.	2,089,654.	2,190,207.	8,984,665.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-through 3	1,491,516.	1,227,839.	1,985,449.	2,089,654.	2,190,207.	8,984,665.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						8,984,665.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,491,516.	1,227,839.	1,985,449.	2,089,654.	2,190,207.	8,984,665.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		181,696.	7,450.	14,837.	3,600.	207,583.
11 **Total support.** Add lines 7 through 10						9,192,248.
12 Gross receipts from related activities, etc. (see instructions)					12	2,074,262.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	97.74 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.54 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: SPECIAL EVENTS

2007: 7190.

2008: 13185.

Description: MISCELLANEOUS

2007: 260.

2008: 1652.

Description: LIQUIDATION OF INSURANCE

2006: 181696.

Description: OTHER

2009: 3600.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

COMMUNITY COUNSELING CENTER

Employer Identification number

94-3119458

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		97,126.		97,126.
b Buildings		575,207.	151,060.	424,147.
c Leasehold improvements				
d Equipment		115,201.	79,352.	35,849.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				557,122.

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

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

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

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

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII,column (A), line 12)	2,504,442.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,475,627.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	28,815.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	28,815.

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

1	Total revenue, gains, and other support per audited financial statements		1	2,504,442.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	2,504,442.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)		5	2,504,442.

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

1	Total expenses and losses per audited financial statements		1	2,475,627.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	2,475,627.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses. Add lines **3** and **4c** (This must equal Form 990, Part I, line 18.)		5	2,475,627.

Part XIV Supplemental Information

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

Part XIV Supplemental Information *(continued)*

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

COMMUNITY COUNSELING CENTER

Employer identification number

94-3119458

Pt VI-B, Line 11A THE CHAIRMAN AND THE TREASURER REVIEW THE 990 BEFORE FILING

Pt VI-C, Line 19 FINANCIAL INFORMATION IS KEPT ON HAND AND AVAILABLE UPON REQUEST

Pt VI-B, Line 15 EXECUTIVE COMPENSATION IS DETERMINDED BY THE BOARD AND BASED ON MARKET

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2009

Name of the organization	**Employer identification number**
COMMUNITY COUNSELING CENTER	94-3119458

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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 –

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

Special Rules –

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

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

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

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

Name of organization COMMUNITY COUNSELING CENTER

Employer identification number 94-3119458

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPT OF HEALTH & HUMAN SVCS HEALTH RESOURCES AND SERVICES DIV ROCKVILLE MD 20857	$ 351,093.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	US DEPT OF HEALTH & HUMAN SVCS SUBSTANCE ABUSE & MENTAL HEALTH SVC ROCKVILLE MD 20857	$ 190,884.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	US DEPT OF HEALTH & HUMANS SVCS CENTER FOR DISEASE CONTROL & PREVENTION ATLANTA GA 30333	$ 102,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	US DEPT OF HOUSING & URBAN DEVELOPMENT COMMUNITY PLANNING AND DEVELOPMENT ROCKVILLE MD 20417	$ 116,921.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	US DEPT OF JUSTICE VIOLENCE AGAINST WOMEN OFFICE WASHINGTON DC 20530	$ 28,646.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return: COMMUNITY COUNSELING CENTER

Identifying number: 94-3119458

Business or activity to which this form relates: Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ►	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,233.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	23,213.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		20,395.	5.0 yrs	HY	200 DB	1,099.
c	7-year property		851.	7.0 yrs	HY	200 DB	79.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	29,624.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

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

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

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

Section B — Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:
WITH PROBLEMS WITH DRUGS, ALCOHOL, HIV, AIDS AND RELATED FAMILY DISFUNCTION, THROUGH OUTPATIENT TREATMENT, EDUCATION & PREVENTION.

community
COUNSELING CENTER
OF SOUTHERN NEVADA
A NONPROFIT/PRIVATE CORPORATION

Board of Directors, FY 2011-12

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7411 Hornblower Ave., Las Vegas, NV 89131

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555 E. Washington Ave., Ste. 3100, Las Vegas, NV 89101

Basil Raffa, Treasurer — Millennium Commercial Properties
6000 S. Eastern Ave #14H, Las Vegas, NV 89119

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PO Box 24151, Las Vegas, NV 89101

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Elliot Anderson — Nevada State Legislature, Representative
3135 S. Mojave Road #227, Las Vegas, NV 89121

Angelina Galindo — Angelina Galindo Photography
5091 Thunder River Circle, Las Vegas, NV 89148

Community Counseling Center Sliding Fee Scale Worksheet/Agreement

CLIENT'S NAME: _____ **DATE:** _____

Unique Client ID:_____ **Level of Service:** ☐ Outpatient (OP) ☐ Intensive Outpatient (IOP)

As a client of a treatment program receiving funds administered by the Nevada Substance Abuse Prevention and Treatment Agency (SAPTA), you have the right to a determination of fees according to a sliding fee schedule that takes into account income and family size. Reduction of your fees according to this sliding schedule of fees is contingent upon your providing verifying information. Such documentation should be provided at the intake at which your share of costs is determined. Indigent clients, including those who are non-citizens and/or homeless may not be able to provide any of the documentation requested. If you can provide a letter from any other agency, local service provider verifying your status, you will be assessed fees based on $0 income for the provision of services. Should a letter be unavailable, the program's no documentation policy may be used and a "No Documentation Form" including an attestation of annual household income or lack thereof must be completed. No prepayment or deposits can be a condition of any aspects of the services.

1. $_____ **TOTAL ANNUAL INCOME:** Identify all income received by you and others residing in the same household during the past twelve months. (Gross money, wages, and salaries before any deductions.)

2. _____ **NUMBER IN HOUSEHOLD:**(Enter the number of people residing in the household that are dependents or part of the family unit including the client. A family is a group of two or more persons related by birth, marriage, domestic partnership, or adoption who live together; all such related persons are considered as members of one family. Either a single individual or a family (as defined above) constitutes a family unit. In other words, a single individual is a family unit of size one, while a family of two/three/etc. is the same as a family unit of 2/3/etc. Therefore, a married person with one child would fall under a "Family Unit" of Size 3)

	Others: Name (first and last)	*Age*	*Relationship to Client*
1.			
2.			
3.			
4.			

SLIDING FEE SCALE CALCULATIONS: Circle the percentage that corresponds to the appropriate income and number in the household. Multiply this percentage by SAPTA unit rate to determine client co-pay.

INCOME	NUMBER IN HOUSEHOLD					
	1		2		3 ***	
$0 to $500	0%	waived	0%	waived	0%	waived
$501 to $ 1,354	2.5%	$2.25/1.38/0.50 IOP 1.88	2.5%	$2.25/1.38/0.50 IOP 1.88	1.9%	$1.71/1.05/0.38 IOP 1.43
$1,355 to $2,708	5%	$4.50/2.75/1.00 IOP 3.75	5%	$4.50/2.75/1.00 IOP 3.75	3.8%	$3.42/2.09/0.76 IOP 1.43
$2,706 to $5,415	10%	$9.00/5.50/2.00 IOP 7.50	10%	$9.00/5.50/2.00 IOP 7.50	7.5%	$6.75/4.13/1.50 IOP 5.63
$5,146 to $8,123	15%	$13.50/8.25/3 IOP 11.25	15%	$13.50/8.25/3 IOP 11.25	11.3%	$10.17/6.22/2.26 IOP 8.48
$8,124 to $10,829	20%	$18/11/4 IOP 15.00	20%	$18/11/4 IOP 15.00	15%	$13.50/8.25/3 IOP 11.25
$10,830 to $14,569	25%	$22.50/13.75/5 IOP 18.75	20%	$18/11/4 IOP 15.00	15%	$13.50/8.25/3 IOP 11.25
$14,570 to $18,309	30%	$27/16.50/6 IOP 22.50	25%	$22.50/13.75/5 IOP 18.75	20%	$18/11/4 IOP 15.00
$18,310 to $22,049	35%	$31.50/19.25/7 IOP 26.25	30%	$27/16.50/6 IOP 22.50	25%	$22.50/13.75/5 IOP 18.75
$22,050 to $29,529	40%	$36/22/8 IOP 30.00	35%	$31.50/19.25/7 IOP 26.25	30%	$27/16.50/6 IOP 22.50
$29,530 to $33,269	45%	$40.50/24.75/9 IOP 33.75	40%	$36/22/8 IOP 30.00	35%	$31.50/19.25/7 IOP 26.25
$33,270 to $37, 009	50%	$45/27.50/10 IOP 37.50	45%	$40.50/24.75/9 IOP 33.75	40%	$36/22/8 IOP 30.00
*** For each additional family member, subtract .5%						

If you are a non-emancipated minor under 18 years of age, your parent or legal guardian must sign the application. If you are a dependent adult under a conservatorship of estate, your conservator must sign the application.

By signing below, I acknowledge that I have received a copy of this information. I understand that I will be responsible for _____% of my substance abuse treatment costs. The costs of my treatment will be based on the number and types of services offered me. I can review my costs for treatment at any time. I understand that if my financial situation changes during treatment, revised sliding fee calculations may be made and will be effective for services provided after the date the new scale is signed. I further acknowledge that all information provided by me is accurate to the best of my knowledge.

CLIENT SIGNATURE: _____ **DATE:** _____

WITNESSED BY (program staff): _____ **DATE:** _____

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director

STATE OF NEVADA

HAROLD COOK, Ph.D.
Administrator

JANE GRUNER
Deputy Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH & DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION & TREATMENT AGENCY
4126 Technology Way, 2nd Floor
Carson City, NV 89706
(775) 684-4190 • FAX (775) 684-4185

May 23, 2011

MEMORANDUM

To: Community Counseling Center - Las Vegas

From: Layne Wilhelm, Treatment Supervisor

Re: Non-Competitive Application for Treatment Services for July 1, 2011 to June 30, 2012

The Substance Abuse Prevention and Treatment Agency (SAPTA) proposes an allocation of $784,000 to provide substance abuse treatment services and $491,350 to provide co-occurring disorder services. SAPTA is requesting the completion of the application cover page, budget forms, and detailed scope of work documents. Forms are attached and will be due in the SAPTA office by **June 2, 2011 at 4:00 pm.** One original and one copy must be submitted as indicated on the continuation application. The electronic versions must be emailed back to mlockyer@sapta.nv.gov.

The attached application summary/cost projection was based on your programs past performance and SAPTA's statewide planning. Levels of service and\or populations served may have changed or been eliminated based on the performance and the perceived ability to achieve the number of clients and units provided. If a program has multiple locations, the detailed scopes of work must equal the application summary in both units and unduplicated clients served and funded.

Due to the current uncertainties of Nevada's State funding, further changes may be necessary during this award period.

Number of Clients to be served:
Adults: 900
Adults COD: 200

cc: Deborah McBride, Agency Director

Nevada Department of Health and Human Services
Mental Health and Developmental Services
(hereinafter referred to as the DIVISION)
Substance Abuse Prevention and Treatment Agency

Subgrant #:	12080TX
Budget Account #:	3170
Category #:	10, 28, 14
GL #:	7410, 7411

NOTICE OF SUBGRANT AWARD
TREATMENT SERVICES

Agency: Substance Abuse Prevention and Treatment Agency (SAPTA)	**Subgrantee Name:** Community Counseling Center - Las Vegas
Address: 4126 Technology Way, 2nd Floor Carson City, NV 89706	**Address:** 714 E Sahara, Ste 101 Las Vegas NV 89104
Subgrant Period: July 1, 2011 - June 30, 2012	**Subgrantee EIN#:** 94-3119458 **Subgrantee Vendor#:** T80943219

Reason for Award: To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.

County(ies) to be served: Clark

Approved Budget Categories:

1. Personnel	$	1,173,704
2. Contractual/Consultant	$	88,118
3. Travel	$	-
4. Training	$	-
5. Operating	$	13,528
6. Other	$	-
Total Cost	$	**1,275,350**

Disbursement of funds will be as follows:
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant.* Total reimbursement will not exceed $1,275,350 during the subgrant period.

Source of Funds:	Amount:	% of Funds:	CFDA#:	Federal Grant #:
SAPT Block Grant – Adult	$584,000	46%	93.959	B1 NVSAPT
SAPT Block Grant – Adult COD	$109,755	9%	93.959	B1 NVSAPT
State General Funds – Adult	$200,000	16%	---	---
State General Funds – Co-occurring	$381,595	30%	---	---

Terms and Conditions
In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Recipient of these funds agrees to stipulations listed in Sections A-C, and Attachments A-C of this subgrant award.

	Print Name, Title	Signature	Date
Authorized Subgrantee Official	ANTIOCO CARRILLO C.O.O.	Antioco Carrillo	7-5-11
Deborah McBride, MBA Agency Director	Deborah McBride		07-14-11
Mental Health Developmental Services Administration			7/20/11