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

Family and Child Treatment of Southern Nevada, Inc.

Family and Child Treatment for Domestic Violence

Family and Child Treatment of Southern Nevada, Inc.
6431 W. Sahara Avenue, Suite 200
Las Vegas, NV 89146

Tel: (702) 258-5855
Fax: (702) 258-9769
Web: www.factsnv.org
EIN: 88-0214362

Project Contact
Heather Gibbs
hgibbs@factsnv.org
Tel: (702)258-5855

Executive Director
Heather Gibbs
hgibbs@factsnv.org

$40,000 Requested

Submitted: 11/22/2011 1:57:57 PM (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.
FACT is seeking Las Vegas CDBG Public Service funds to provide intervention and treatment services for 50 low/ moderate income women, children and their families who are victims of sexual assault/abuse, and/or domestic violence who live within the City of Las Vegas. Funding requested includes support for intake services.

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
August 13, 1984 / 40000

4 Program Budget Amount and Request Amount: use a slash / to separate answers. example: $150,000 / $20,000
180,000/40000

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.
791298383000

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.

Domestic violence and the often related child abuse is a continuing problem in Nevada and in Las Vegas. Nevada, with a rate of 2.70 per 100,000, ranked first in the nation in the rate of women killed by men for the second year in a row according to the new Violence Policy Center (VPC) report "When Men Murder Women: An Analysis of 2009 Homicide." The state has held the top position for four of the last five years. In Nevada (2009-2010), 36,874 individuals, primarily women, were victims of abuse in Nevada. According to the Child Death Review Report for 2010, over 58% of non-firearm homocides in children were due to child abuse. On April 30, 2010, KLAS-TV News Channel 8 announced 60,000 as the targeted number of expected domestic violence calls for 2010 in the area.

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

FACT's specialized services include intervention and treatment for children, adults and families whose lives have been affected by abuse or violence. Help is available for victims, survivors and offenders and services are provided through individual, group or family therapy. Special programs include family counseling to help families to heal; individual and group counseling for adult survivors; teen and pre-teen therapy; groups for abused children; and groups for parents to provide support and guidance for them as they cope with the aftermath of their children's trauma. Services are available on a sliding-fee scale. All services are supervised by licensed psychologists, clinical social workers, and marriage and family therapists. A recently developed service targets teen victims of sexual abuse who have turned to prostitution as a means of survival.

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.

In its Nevada Children's Report Card released in January of 2010, the Children's Advocacy Alliance gave the state a D-minus overall grade, down from the D-plus of two years ago relative to child abuse in Nevada. Local officials tracking the relationship between domestic violence and child abuse indicate the abuse incidents they see appear to be more serious. That is, violent acts toward children and spouses or partners are resulting in more serious injuries than commonly seen in the past. While domestic violence tracking characteristics used at the CPS Hotline showed a steady decline from 2007 through 2009, 2010 saw a 47.8 percent increase in reports with active domestic violence as an element compared with 2009. Aggravated by the poor economy, from 2008 to 2010, Metro's Abuse and Neglect Unit saw increases in child abuse cases. In 2008, they investigated close to 1,500 cases. In 2010, they were investigating more than 1,600. Family therapists indicate wage cuts or job losses can create a lot of stress on a household. Sometimes parents who have no history of abusing their children suddenly snap and harm the child. For any child or family caught up in domestic violence or abuse, services are needed immediately to prevent injury or death.

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?

FACT routinely collects and evaluation a range of program services and outcome data including:numbers of battered women served; numbers of abused children served; client and family demographics, income levels; sources of referrals; types of problems addressed; and, client outcomes. Consumer satisfaction surveys are routinely administered to measure client satisfaction with services provided.

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.

3000 Number CLV Residents

3000 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.

To provide services for battered women and children, FACT continues to collaborate with local law enforcement, the courts, the Department of Family Services, Safe Nest, and many other community resources to ensure the safety of women and children for whom they are caring and to enable access to needed community services for women, children and their families.

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.

Family and Child Treatment (FACT) is a non-profit United Way agency dedicated to helping children, adults and families overcome and heal the traumas of abuse, neglect and violence through prevention, education and therapeutic treatment services. FACT has been serving Southern Nevada since 1984. FACT has extensive experience in caring for abuse victims and offers a variety of services and resources for women and children seen at the

program. FACT maintains a volunteer Board of Directors that oversees the agency and reviews both programmatic and financial operations. FACT employs only well qualified, licensed therapists to provide counseling services. FACT is also the recipient of both state and federal grants and has successful grants management experience. In 2010, FACT saw over 3,000 clients in need of domestic violence services. The agency is well suited to develop, implement, and administer the proposed program.

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

24 Number of Employees

24 Current

0 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.

FACT currently employs 11 professional and support staff specifically for the victims services program and 4 student interns (the agency overall employs 24 staff members for all programs). Key administrative and clinical staff include:
Heather Gibbs, Executive Director. Ms. Gibbs brings over 11 years of experience in the development and implementation of community based programs and non-profit management. She is consistently successful in building consensus and driving cooperative relationships with team members, Boards of Directors, government agencies, vendors, and business people. She has a Bachelor's degree in Psychology from the University of Central Florida and is currently pursuing a Masters in Marriage and Family Therapy at the University of Phoenix.

Dr. John Matthias, Clinical Psychologist: Dr. Matthias graduated from Princeton University with high honors for his undergraduate work and with distinction from the University of Southern California with a doctorate in psychology. He has been actively practicing as a therapist since 1995 and he has worked with child sexual abuse and childhood trauma for over a decade. His extensive research and training has included work with post-traumatic stress disorder for both children and combat veterans, domestic violence treatment for primary and secondary victims, substance abuse therapy for adolescents and adults, vocational rehabilitation, group psychotherapy for numerous clinical populations, sexual offender groups for juveniles and adults, couple and family interventions, play therapy and experiential and expressive therapies. His research has supported the strong connection between family violence and its adverse impact upon child development. In 2007, he developed the innovative FACT Family Challenge Program that incorporates experiential and family group work to challenge the families of childhood sexual abuse victims to strengthen their family bonds when faced with adversity and to support the victims as they undergo treatment. He is currently a licensed psychologist in Nevada and he has been the Clinical Director of Family and Child Treatment since 2006. Working under Dr. Matthias is a seasoned, multidisciplinary team that includes licensed Clinical Social Workers (or licensed LCSW interns) and licensed Marriage and Family Therapists (or licensed MFT interns).
Note: Dr. Matthias' salary is distributed across all programs.

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.

FACT programs are routinely audited by state and local agencies. To date, there are no audit findings, liens, investigations, or probationary status from any oversight agency since FACT began operations.

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.

FACT maintains all appropriate fiscal and budgeting activities for a non-profit, charitable agency as required by law. Financial oversight is provided by the Board of Directors through a Finance Committee and through the regular review and approval, at each monthly Board Meeting, of the current financial status of the agency, recorded in the meeting minutes. Checks are issued based on current payables recorded by the Executive Director., and two signatures are required for checks issued. A Manual of Accounting Standards is on file at the agency and guides program accounting practices. An annual Financial Statement is presented to the Board of Directors for approval by an accounting firm. A certified public accountant performs yearly financial reviews. Audit services are provided by Choice Bookkeeping:
Judy Keith
Choice Bookkeeping, Inc.
7231 S Eastern Ave, Suite 260
Las Vegas, NV 89119
702-372-0027

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

193374 Agency Cash (fundraising)

0 Foundation Endowment

0 Other

0 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.

FACT's proposed budget has not changed by more than 25% compared to last year. The organization's budget remains relatively stable at slightly over $1 million.

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

At this time, FACT is not receiving any in-kind contributions.

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

$347.00 All Clients (total budget/by # of clients)

$347.00 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)

FACT determines cost for treatment based on Federal Poverty Guidelines and maintains an approved sliding fee scale for services provided.

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.

FACT continues to leverage funds from other grant sources including state and local foundation grants (e.g. MGM/Mirage Voice Foundation) and from agency fundraising. For FY 2012-13, the total program budget is anticipated at $180,000 of which, 38% is agency funds, 22% is state and local grants and 18% is from foundations and other public funds. The remaining 22% is the CLV CDBG request for $40,000.

21 Describe fundraising activities for this program; include how many fundraising activities will be held during the year?

FACT hosts numberous fundraising events throughout the year. December 14, 2011 FACT's Shop for a Cause event will take place Vasari at Tivoli Village. 20% of all sales go directly to FACT and high dollar raffle items are raffled throughout the shopping event for $20.00 per ticket. Also in December FACT conducts its 10 X 10 campaign utlilizing social networking sites and email to direct people to the FACT website where they can donate $10 then send an invitation to 10 of their friends to donate $10. In April FACT will host it's annual Sunday Supper in partnership with the Charlie Palmer Group. The newest fundraiser, Ritzy Rummage Sale, will take place in October 2012. FACT will be collecting items throughout the year and storing them until the big rummage sale event.

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

50	100% funded
38	75% funded
25	50% funded
12	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.

#1	Direct Staff Salaries/Fringe Benefits
#3	Administrative Salaries/Fringe Benefits
#2	Direct Program Delivery Costs
	Scholarships
#4	Program Supplies/Equipment
#5	Operating

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

#1	Direct Staff Salaries/Fringe Benefits
#3	Administrative Salaries/Fringe Benefits
#4	Direct Program Delivery Costs
	Scholarships
#5	Program Supplies/Equipment
#2	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.

60,000	Clark County
10,000	City of Henderson
10,000	City of North Las Vegas
$497,506	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	$527,234	$487,234	$40,000
Local Funds/Foundations	$90,000	$0	$90,000
Fundraising	$70,000	$0	$70,000
Agency Cash	$183,374	$183,374	$0
Donations	$10,000	$0	$10,000
In-Kind	$0	$0	$0
Client Fees	$163,000	$163,000	$0
Total	**$1,043,608**	**$833,608**	**$210,000**

Funding Uses/Expenses	Program Budget	Committed Funds	Uncommitted Funds
Personnel Salaries (Direct Client)	$682,000	$642,000	$40,000
Personnel Salaries (Admin)	$82,110	$82,110	$0
Direct Client Services/Scholarships	$15,000	$0	$15,000
Supplies	$10,820	$0	$10,820
Operating/Administration	$243,350	$88,350	$155,000
Equipment	$9,600	$0	$9,600
Total	**$1,042,880**	**$812,460**	**$230,420**

Budget Narrative

Personnel Salaries (Direct Client) includes salaries and fringe for 11 counseling and victim advocate staff.
Presonnel Salaries (Admin) includes the Executive Director salary and fringe.
Direct Client Services includes Program Supplies @ average of $1,250/month x 12 mos.
Supplies includes Office Supplies @ average of $833.33/mo. plus postage @ average of $68.33/mo. x 12 mos
Operating/Administration include all operating costs shown on Attachment 2:
Rent @ $7500/mo. x 12 mos.
Rent (Facility Use) - building maintenance @ $1000/mo x 12 mos.
Utilities @ average of $650/mo. x 12 mos.
Telephone @ average of $500/mo. x 12 mos.
Bookkeeping services maintain Quickbooks accounting @ average of $1,208/mo. x 12 mos.
Consultants - primarily computer/technical consultants @ average of $541/mo.x 12 mos.
Audit/CPA includes costs of annual audit @ $23,500.
Payroll services @ average of $66.66/mo. x 12 mos.
Printing includes brochures, clinical forms, etc. @ average of $400/mo. x 12 mos.
Liability Insurance includes required liability coverage @annual cost of $14,200.
Legal Fees include access to attorney consultation @ $1000 annually.'
Travel - includes costs of mileage/gas for staff to travel to courts, hospitals, etc. with victims @ average of $583.33/mo. x 12 mos.
Staff Training - attending training events to maintain best practices @ average of $112/staff member.
"Other" categories include Professional Fees, contracted staff, miscellaneous expenses and cost of goods for fundraising.
Equipment includes costs of equipment repairs/maintenance (primarily computers, etc.) @average of $800/mo. x 12 mos.

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 Certification
Attachment #2 Budget Form (Excel Document Only) download template	☐	FACT Agency Budget
Attachment #3 Three Year Funding History (Excel Document only) download template	☐	FACT Three Year Funding Cycle
Attachment #4 In-Kind Explanation Form (Excel Document only) download template	☐	In-Kind 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
Exhibit A - Documentation of Non Profit Status (PDF)	☐	501 C 3
Exhibit B - Copy of Current Operating Budget (Excel, PDF or Word)	☐	FACT Operating Budget
Exhibit C - Copy of Audit - See Application Manual for the type you are required to submit	☐	FACT Audit
Exhibit D - Copy of IRS 990 See Application Manual for direction	☐	FACT 990
Exhibit E - Board of Directors PDF on Letterhead	☐	FACT Board of Directors 2011
Exhibit F - Articles of Incorporation (PDF)	☐	FACT Articles of Incorporation
Exhibit G - Fee Schedule (PDF)	☐	FACT Fee Schedule
Exhibit H - Letters of Monetary Support 0r Committed Funds	☐	

** 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:

Family and Child Treatment of Southern Nevada

(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 Family and Child Treatment

does hereby resolve that on November 17 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:

Heather Gibbs	Executive Director
Name	Title
None	
Name	Title
President/Board of Directors (Or other authorized person)	11-17-11 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	$682,000	$40,000	$109,594	$432,406	$0	$100,000
Administration						
Salaries & Fringes	$82,110	$0	$12,110	$20,000	$40,000	$10,000
DIRECT PROGRAM DELIVERY COSTS						
Program Supplies	$15,000	$0	$4,000	$10,000	$0	$1,000
Client equipment/materials	$0	$0	$0	$0	$0	$0
Other:*	$0	$0	$0	$0	$0	$0
SUPPLIES						
Office Supplies	$10,000	$0	$2,000	$3,000	$2,000	$3,000
Postage	$820	$0	$220	$200	$200	$200
Other:*	$0	$0	$0	$0	$0	$0
OPERATING						
Rent (Building/Offices)	$90,000	$0	$12,000	$20,000	$40,000	$18,000
Rent (Facility Use)	$12,000	$0	$12,000	$0	$0	$0
Utilities	$7,800	$0	$0	$4,000	$2,000	$1,800
Telephone	$6,000	$0	$1,000	$2,000	$2,000	$1,000
Bookkeeping	$14,500	$0	$3,000	$4,000	$4,500	$3,000
Consultants	$6,500	$0	$0	$6,500	$0	$0
Audit/CPA	$23,500	$0	$7,800	$6,000	$6,000	$3,700
Payroll Services	$800	$0	$0	$400	$400	$0
Printing	$4,800	$0	$0	$2,000	$2,000	$800
Fidelity Bond	$0	$0	$0	$0	$0	$0
Liability Insurance**	$14,200	$0	$2,900	$5,000	$4,250	$2,050
Legal	$1,000		$1,000	$0	$0	$0
Travel	$7,000	$0	$3,000	$0	$3,000	$1,000
Conferences & Seminars	$0	$0	$0	$0	$0	$0
Staff Training	$2,700	$0	$1,000	$0		$1,700
Other:* Professional Fees	$25,650	$0	$10,250	$0	$14,650	$750
Other:*Contracted Staff	$5,000	$0	$0	$5,000	$0	$0
Other: Misc.	$11,900	$0	$1,900	$6,000	$2,000	$2,000
Other: cost of goods	$10,000	$0	$0	$0	$0	$10,000
EQUIPMENT PURCHASE						
Computers/Software	$0		$0	$0	$0	$0
Office Equipment	$0		$0	$0	$0	$0
Other *Computer Maintenance	$9,600		$9,600	$0	$0	$0
TOTALS	**$1,042,880**	$40,000	$193,374	$526,506	$123,000	$160,000

Column B must equal columns C-G

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

*** Agency Cash	$193,374	Please separate the total of Column D in these 2 boxes - if no
*** In-Kind Value		In-Kind is counted place 0 in that box

Funding Cycle	09/10	10/11	11/12	**Projected 12/13**
REVENUE				
CITY	0	17850	16720	16,920
COUNTY	83333	83333	83333	85,000
STATE	309816	422494	394,477	402,366
FEDERAL	0	0	127,707	125,000
FEES CHARGED	316955	271152	235,336	240,042
FUNDRAISING	0	0	75,000	75,000
DONATIONS	87403	72222	83741	85,415
OTHER *(explain)Investment*	-71806	-16000	30,000	16320
OTHER *(explain) records copy*	240	0	0	0
PRIOR YEAR CARRYOVER	0	0	0	1000
TOTAL REVENUE	**$725,941**	**$867,051**	**$1,042,314**	**$1,047,063**
EXPENSES				
SALARIES	616485	611172	674,103	687,585
BENEFITS	41178	40249	60138.	61,341
INSURANCE	16833	13397	13,839	14,115
AUDIT/BOOKKEEPING	13166	25094	30,000	25,000
RENT	94054	26745	95,000	95,000
UTILITIES	28526	24329	29,000	29,000
CONSULTANTS	22001	19710	23,000	15,000
TRAVEL	6481	10478	10120	10,000
OFFICE SUPPLIES	35,056	34,278	35,290	36,000
EQUIPMENT	4830	3669	4241.	4500
PRINTING	10211	1301	900	1,000
DIRECT CLIENT SERVICES				
OTHER *(explain) PR Tax*	55,674	45,974	51,333	55,000
OTHER *(explain)Legal*	6057	4284	4350	3,500
OTHER *(explain)Conferences*	6521	6500	5500	5,500
OTHER *(explain)Depreciation*	5247	5000	4500	4,500
TOTAL EXPENSES	**$962,320**	**$872,180**	**$1,041,314**	**$1,047,041**
REVENUE LESS EXPENSES	**$0**	**$0**	**$1,000**	**$0**

NOTES: Direct Client Services are included in all general operating expenses.

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:	
FACT will provide 50 battered spouses and/or their children living in the City of Las Vegas who are victims of domestic violence, sexual assault, and/or sexual abuse with professional treatment services including individual/group counseling to remediate the effects of being in a domestic violence situation.	
Major Tasks Necessary to Realize Outcomes	**Outputs Resulting from Tasks**
Recruit and maintain qualified therapists to serve the City of Las Vegas clients	City of Las Vegas women/children in domestic violence situations will have access to qualified professional staff for remediation services.
Provide FACT orientation and training to ensure competent execution of agency services.	FACT's Executive Director will provide staff orientation and training to ensure thorough knowledge of agency policies/procedures.
Outcome Measurements: Describe evaluation tools, methods and benchmarks used to measure this outcome. Program evaluation data will continue to be collected, analyzed and reported for all FACT services to include: numbers of battered women served; numbers of abused children served; client and family demographics, income levels; sources of referrals; types of problems addressed; and, client outcomes. Consumer satisfaction surveys are routinely administered to measure client satisfaction with services provided.	

Outcome #2:	
Monthly outreach activities will ensure that appropriate community health and social services agencies, physicians, hospitals, churches, and other resources are familiar with FACT services for low/moderate income battered women and children and how to refer victims for services.	
Major Tasks Necessary to Realize Outcomes	**Outputs Resulting from Tasks**
Informational brochures will be widely distributed to educate city residents about the availability of services for low/moderate women/children who are victims of domestic violence and/or abuse living in the City of Las Vegas.	Approximately 1,500 FACT brochures will be distributed to City of Las Vegas referral sources (churches, health care agencies, hospitals, etc.) to enable women and children to be referred to the program.
Outreach activities will be conducted to educate the community about the availability of FACT services. Outreach services extend to community child care programs, churches, hospitals, and domestic violence shelters, etc.	A monthly average of 5 low/moderate income women/children will be referred for intervention at FACT. Services will also enable women to receive both treatment and victims' services.
Outcome Measurements: Describe evaluation tools, methods and benchmarks used to measure this outcome. Program evaluation activities will track and account for all outreach activities, including number of brochures distributed, numbers of referrals received by source and type; number of community groups/ organizations receiving outreach, and the disposition of referrals by number and type.	

Family and Child Treatment Budget	2011-2012
Ordinary Income/Expense	
Income	
4000 · CONTRIBUTIONS	
General Donations	
In-N-Out Burger	10,000.00
MGM	65,000.00
NV Energy	5,000.00
General Donations - Other	10,000.00
Total General Donations	90,000.00
Total 4000 · CONTRIBUTIONS	-
4200 · SPECIAL EVENTS/Fundraisers	70,000.00
4201 · Building Fund	-
5000 · GRANTS	
SAPTA	139,250.00
Title XX	64,000.00
CDBG	40,000.00
SASP	15,000.00
VAWA-STOP	39,900.00
VOCA-ARRA	50,000.00
VOCA	189,356.00
Total 5000 · GRANTS	537,506.00
5100 · CONTRACTS	
ADOL JSO Group	-
District Court/Donna House	100,000.00
State of NV-Eval	23,000.00
Total 5100 · CONTRACTS	123,000.00
5200 · COUNSELING FEES	
522 · Client Fees	
Abel	2,000.00
Donna's House	45,000.00
Groups ASO	132,000.00
Individual	700.00
Intakes	2,800.00
Total 522 · Client Fees	182,500.00
523 · SAPTA Fees	
Individual	2,000.00
Intake	-
Total 523 · SAPTA Fees	2,000.00
524 · Victim Fees-Govt	
Voca Group	-
VW-Individual	38,501.60
Total 524 · Victim Fees-Govt	38,501.60
Total 5200 · COUNSELING FEES	223,001.60
5300 · Hand Out Income	100.00
Total Income	1,043,607.60
Expense	
6100 · Advertising/Marketing	5,000.00
6115 · Bank Service Charges	500.00

6116 · Credit Card Processing Fees	-
6120 · Business License & Fees	300.00
6125 · Conferences/Training	5,500.00
6155 · Dues and Subscriptions	250.00
6180 · Insurance	
General Liability Ins	1,200.00
Professional Liability Ins	13,000.00
Total 6180 · Insurance	14,200.00
6250 · Office Equipment Rental	
Copier	-
Postage Machine	-
Telephone	-
Total 6250 · Office Equipment Rental	-
6252 · Office Equipment Repairs/Maint.	150.00
6255 · Postage and Delivery	820.00
6258 · PROGRAM DEVELOPMENT	2,700.00
6259 · STAFF DEVELOPMENT	-
6265 · Printing and Reproduction	4,800.00
6275 · Professional Fees	
Admin. Services	350.00
Audit	9,000.00
Bookkeeping Svc	14,500.00
Computer Support	-
Legal Fees	1,000.00
Payroll Service Fees	800.00
Translation Svc	-
Total 6275 · Professional Fees	25,650.00
6280 · Contract Therapists	5,000.00
6281 · Program Consultant	6,500.00
6290 · Occupancy & Utilities	
Building Maintenance	12,000.00
Electricity	7,200.00
Office Space-LV	90,000.00
Sewer Service	-
Trash Removal	-
Water Service	600.00
Total 6290 · Occupancy & Utilities	109,800.00
6310 · Office Supplies	10,000.00
6312 · Program Supplies	15,000.00
6320 · Telephone Service	6,000.00
6323 · Tech/Computer	9,600.00
6330 · Travel-Mileage Reimb.	7,000.00
6500 · Bad Debt Expense	-
6550 · Salaries & Wages Expense	672,000.00
6560 · Payroll Expenses	
6560 · Payroll Expenses - Other	82,109.60
Total 6560 · Payroll Expenses	82,109.60
6561 · Employee Health Insurance	50,000.00
7000 · Fundraising Expenses	10,000.00
Total Expense	1,042,879.60
Net Ordinary Income	728.00

8675 S. Eastern Avenue • Las Vegas, NV 89123
702.269.9992 phone • 702.269.9993 fax
www.hrcpc.com

FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA

dba FACT

FINANCIAL STATEMENTS

JUNE 30, 2010 and 2009

FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA

dba FACT

JUNE 30, 2010 and 2009

CONTENTS

HOULDSWORTH
RUSSO & CO., P.C.
certified public accountants

AN INDEPENDENT MEMBER OF
BDO
SEIDMAN
ALLIANCE

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Family and Child Treatment of Southern Nevada
dba FACT
Las Vegas, Nevada

We have audited the accompanying statement of financial position of Family and Child Treatment of Southern Nevada dba FACT (a Nevada corporation) as of June 30, 2010, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits. The prior year summarized comparative information has been derived from Family and Child Treatment of Southern Nevada dba FACT's 2009 financial statements and, in our report dated January 27, 2010, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards required that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and 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 the Family and Child Treatment of Southern Nevada dba FACT as of June 30, 2010, and the results of activities and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Houldsworth, Russo & Company

Las Vegas, NV
June 24, 2011

8675 S. Eastern Avenue • Las Vegas, NV 89123
702.269.9992 phone • 702.269.9993 fax
www.hrcpc.com

FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA
dba FACT
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2010 AND 2009

ASSETS

	2010	2009
CURRENT ASSETS		
Cash	$ 113,632	$ 274,268
Accounts receivable, net of allowance of $0 and $7,399	10,496	10,496
Grants receivable	30,715	67,191
Investments	156,745	182,397
Prepaid expenses	3,478	4,785
	315,066	539,137
PROPERTY AND EQUIPMENT, NET	34,095	36,103
OTHER ASSETS		
Cash, restricted	14,275	14,275
Deposits	1,767	8,750
	$ 365,203	$ 598,265

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts payable	$ 3,068	$ 8,607
Accrued expenses	29,091	34,570
	32,159	43,177
NET ASSETS		
Unrestricted	318,769	540,813
Temporarily restricted	14,275	14,275
	333,044	555,088
	$ 365,203	$ 598,265

See notes to financial statements.

FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA
dba FACT
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	2010	2009
UNRESTRICTED NET ASSETS		
Revenue, gains and other support:		
Grants	$ 418,940	$ 553,199
Counseling fees	316,955	369,346
Contributions	61,612	39,514
In kind contributions	1,037	-
Interest	3,194	9,248
Other	240	1,204
Net realized/unrealized gain (loss) on investments	(60,665)	(56,671)
	741,313	915,840
Expenses and losses:		
Program services:		
Counseling	458,600	557,984
Education	251,053	282,231
Supporting services:		
Fundraising	25,375	24,207
Management and general	228,329	267,524
	963,357	1,131,946
Decrease in unrestricted net assets	(222,044)	(216,106)

See notes to financial statements.

FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA
dba FACT
STATEMENTS OF ACTIVITIES (CONTINUED)
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	2010	2009
CHANGE IN NET ASSETS	(222,044)	(216,106)
NET ASSETS, BEGINNING OF YEAR	555,088	771,194
NET ASSETS, END OF YEAR	$ 333,044	$ 555,088

See notes to financial statements.

FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA
dba FACT
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2010
WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2009

	2010 Program Services		2010 Supporting Services			
	Counseling	Education	Fundraising	Management and General	2010 Total	2009 Total
Salaries	$ 303,461	$ 161,377	$ 9,891	$ 141,756	$ 616,485	$ 719,881
Payroll taxes	27,405	14,574	893	12,802	55,674	64,864
Benefits	20,269	10,779	661	9,469	41,178	50,898
Bank charges	899	478	29	420	1,826	1,632
Conferences and training	4,197	772	-	1,552	6,521	10,330
Depreciation	2,583	1,374	84	1,207	5,248	5,929
Program development	306	162	10	143	621	8,142
Equipment rental	2,378	1,264	78	1,110	4,830	4,651
Fundraising supplies	-	-	1,005	-	1,005	-
Insurance	8,286	4,406	270	3,871	16,833	13,680
Advertising	-	-	-	1,612	1,612	2,768
Occupancy expense	56,917	30,268	1,855	26,587	115,627	150,084
Postage and printing	5,367	2,854	175	2,507	10,903	2,493
Professional fees	11,085	4,544	10,107	20,755	46,491	43,990
Supplies	5,791	14,088	160	2,288	22,327	21,082
Telephone	3,933	2,091	128	1,837	7,989	14,724
Travel	4,017	2,022	29	413	6,481	8,793
Bad debt expense	1,706	-	-	-	1,706	8,005
	$ 458,600	$ 251,053	$ 25,375	$ 228,329	$ 963,357	$ 1,131,946

See notes to financial statements.

FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA
dba FACT
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	2010	2009
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ (222,044)	$ (216,106)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	5,248	5,929
Allowance for doubtful accounts	7,399	5,453
Realized/unrealized (gain)/loss on investments	60,665	56,671
(Increase) decrease in operating assets:		
Accounts receivable	29,078	(21,579)
Prepaid expenses	1,307	1,879
Deposits	6,983	-
Increase (decrease) in operating liabilities:		
Accounts payable	(5,539)	5,928
Accrued expenses	(5,479)	(4,667)
Net cash provided by (used in) operating activities	(122,382)	(166,492)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(3,240)	-
Proceeds from maturity of investments	-	277,760
Purchase of investments	(156,259)	-
Proceeds from sale of investments	121,245	125,000
Net cash provided by (used in) investing activities	(38,254)	402,760
NET INCREASE (DECREASE) IN CASH	(160,636)	236,268
CASH, BEGINNING OF YEAR	288,543	52,275
CASH, END OF YEAR	$ 127,907	$ 288,543
Cash	$ 113,632	$ 274,268
Cash, restricted	14,275	14,275
	$ 127,907	$ 288,543

See notes to financial statements.

FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA
dba FACT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2010 and 2009

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Family and Child Treatment of Southern Nevada dba FACT (FACT) is a not-for-profit corporation organized to provide treatment for victims, families of victims, and offenders of physical, emotional, sexual and elder abuse, neglect, and rape. FACT's mission, accomplished through treatment, includes stopping the multi-generational cycle of abuse, providing immediate and ongoing care for victims of abuse, and abuse prevention. FACT receives its revenues from client fees for individual and group therapy, grants and contributions from the Southern Nevada region.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

FACT is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

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.

Property and Equipment

Acquisitions of property and equipment in excess of $500 are capitalized. Donated equipment is recorded at fair market value at the date of the donation. Capitalized property and equipment is stated at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the assets and is recognized as a current operating expense in unrestricted net assets.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Tax Status

FACT is exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Revenue Recognition

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

Expense Allocation

The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Accounts Receivable

Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. Receivables are considered past due when not received in accordance with contractual terms. FACT provides for losses on accounts receivable using the allowance method. FACT charges off uncollected accounts receivable when management determines receivables will not be collected.

Reclassifications

Certain reclassifications have been made to the 2009 financial statements to conform to the 2010 presentation.

Cash and Cash Equivalents

For the purposes of the statements of cash flows, FACT considers all highly liquid investments with an initial maturity of twelve months or less to be cash equivalents.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Comparative Financial Information

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with FACT's financial statements for the year ended June 30, 2009, from which the summarized information was derived.

Advertising

FACT uses advertising for the administrative function. Advertising is expensed as incurred. Total advertising expense was $1,612 and $2,768 for the years ended June 30, 2010 and June 30, 2009, respectively.

In Kind Contributions

The Organization received in kind computer services relating to the administrative function totaling $1,037 for the year ended June 30, 2010.

Subsequent Events

Subsequent events have been evaluated through June 24, 2011 which is the date the financial statements were available to be issued.

NOTE 2. PROPERTY AND EQUIPMENT

	2010	2009
Equipment	$ 112,360	$ 109,120
Leasehold improvements	25,275	25,275
	137,635	134,395
Less accumulated depreciation	103,540	98,292
	$ 34,095	$ 36,103

NOTE 3. CONCENTRATIONS

FACT maintains funds at financial institutions located in Southern Nevada. The Federal Deposit Insurance Corporation insures the balances up to $250,000. There were no uninsured balances at June 30, 2010.

FACT received grants of $310,152 and $410,629 from two grantors for the years ended June 30, 2010 and 2009, respectively. These grants represent 74% and 74% of grant revenue and 24% and 45% of total revenue for the years ended June 30, 2010 and 2009, respectively.

NOTE 4. LEASES

FACT was leasing office space under a contract which expired. The rental payments were $10,500 per month, with an annual increase of 5%. This office space lease was not renewed. FACT also leases copy equipment under a lease that expires in August 2011. The equipment lease is based on a per copy charge with a minimum monthly payment. Rental expense for the years ending June 30, 2010 and June 30, 2009 totaled $111,035 and $129,189, respectively.

Future minimum payments required under these leases are as follows:

2011	$ 3,168
2012	528
	$ 3,696

NOTE 5. INVESTMENTS

Investments at June 30, 2010 and June 30, 2009 are stated at the market value based on the quoted prices. Investments are composed of the following:

	2010	2009
Convertible and income fund	$ -	$ 75,000
Stocks	156,745	107,397
Total	$ 156,745	$ 182,397

NOTE 6. FAIR VALUE MEASUREMENTS

FACT uses a framework that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

- Inputs other than quoted prices that are observable for the assets or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

FACT's only assets valued at fair value are its investments. The following table sets forth by level, within the fair value hierarchy, FACT's investments at fair value as of June 30, 2010:

	Level 1	Level 2	Level 3	Total
Stocks and equities	$ 156,745	$ -	$ -	$ 156,745

The following table sets forth by level, within the fair value hierarchy, FACT's investments at fair value as of June 30, 2009:

	Level 1	Level 2	Level 3	Total
Stocks and equities	$ 182,397	$ -	$ -	$ 182,397

NOTE 7. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of cash contributions restricted for a building fund. Temporarily restricted net assets for both years ending June 30, 2010 and 2009 were $14,275.

NOTE 8. RECENT ACCOUNTING PRONOUNCEMENT

The Organization adopted the provision of FASB ASC 740-10-25 (formerly FASB Interpretation Number 48 *Accounting for Uncertainty in Income Taxes* "FIN 48"). Under FASB ASC 740-10-25, an organization must recognize the tax benefit associated with tax taken for tax return purposes when it is more likely than not that the position will be sustained. The implementation of this pronouncement had no impact on the Organization's financial statements. The Organization does not believe there are any material uncertain tax positions and, accordingly, they will not recognize any liability for unrecognized tax benefits. No interest or penalties were accrued as a result of the adoption of this pronouncement. For

NOTE 8. RECENT ACCOUNTING PRONOUNCEMENT (CONTINUED)

the year ended June 30, 2010, there were no interest or penalties recorded or included in its financial statements.

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839
702-269-9992

May 13, 2011

CONFIDENTIAL

Family and Child Treatment of
Southern Nevada
3100 W. Sahara Avenue 112
Las Vegas, NV 89102

Dear Heather:

We have prepared the enclosed returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/10 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Any material you furnished for use in preparing the returns will be returned to you shortly. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Houldsworth, Russo & Company, P.C.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 7/01, 2009, and ending 6/30, 20 10

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

OMB No. 1545-1878

2009

Name of exempt organization: Family and Child Treatment of Southern Nevada

Employer identification number: 88-0214362

Name and title of officer: Heather Gibbs
Executive Director

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

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

1a	Form 990 check here ▶ [X]	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 725,941
2a	Form 990-EZ check here ▶ [ ]	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶ [ ]	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here ▶ [ ]	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a	Form 8868 check here ▶ [ ]	b Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Houldsworth, Russo & Company, P.C. to enter my PIN 12345 as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 05/14/11

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 88231512345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

B Check if applicable:
- [X] 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: Family and Child Treatment of Southern Nevada

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 3100 W. Sahara Avenue

Room/suite: 112

City or town, state or country, and ZIP + 4: Las Vegas NV 89102

D Employer identification number: 88-0214362

E Telephone number: 702-258-5855

G Gross receipts$: 800,941

F Name and address of principal officer:
Heather Gibbs
3100 W. Sahara Avenue, Suite 112
Las Vegas NV 89102

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

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

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.factsnv.org

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1990

M State of legal domicile: NV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Provide help to children, adults and families to help overcome and heal the traumas of abuse, neglect and violence through education, prevention and treatment services.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	8
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	28
6 Total number of volunteers (estimate if necessary)	6	
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue / Expenses

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	592,713	480,552
9 Program service revenue (Part VIII, line 2g)	369,346	316,955
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,248	-71,806
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,204	240
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	972,511	725,941
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	835,643	713,337
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,357		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	296,303	248,983
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,131,946	962,320
19 Revenue less expenses. Subtract line 18 from line 12	-159,435	-236,379

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	598,265	365,201
21 Total liabilities (Part X, line 26)	43,177	32,157
22 Net assets or fund balances. Subtract line 21 from line 20	555,088	333,044

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

Heather Gibbs — Executive Director

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Diana Russo — Date: 05/13/11 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions): P00292786

Firm's name (or yours if self-employed), address, and ZIP + 4: Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

EIN ▶ 88-0374623

Phone no. ▶ 702-269-9992

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Provide help to children, adults and families to help overcome and heal the traumas of abuse, neglect and violence through education, prevention and treatment services.

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 $ 458,090 including grants of $) (Revenue $ 316,955)

Provide counseling to families experiencing physical, emotional, or sexual abuse, neglect, family problems, child behavior issues or marital problems.

4b (Code:) (Expenses $ 250,782 including grants of $) (Revenue $)

Provide education on physical, emotional, and sexual abuse.

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 ▶ 708,872

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 related 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 organization'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 statements 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 statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. (Yes: , No: X)	12A		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 IVChecklist 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, 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 committee 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 transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	11		
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			
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	28		
b	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 tax 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			
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			
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			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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	8		
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, 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 or 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. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Choice Bookkeeping 3100 W. Sahara Avenue, Suite 112 Las Vegas NV 89102 702-258-5855

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

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

☐ Check this box if 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			
Dallas Sisolak Board Presid	2.00	X						0	0	0
Sean Larkin Board Treasurer	2.00	X						0	0	0
Nancy Albert Board Member	2.00	X						0	0	0
Samantha Kolari Board Member	2.00	X						0	0	0
Shawn Lane Board Member	2.00	X						0	0	0
Donna Wilburn Vice Presid	2.00	X						0	0	0
Jennifer Augle Board Member	2.00	X						0	0	0
Brad Peterson Board Member	2.00	X						0	0	0
Heather Gibbs Exec. Direct	43.00			X				65,022	0	5,100

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

(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 ▶								65,022		5,100

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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 ▶ 0

Part VIIIStatement 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 10,133				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 423,531				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 46,888				
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a–1f		480,552			
Program Service Revenue		Busn. Code				
	2a Counseling Fees	812900	316,955	316,955		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f		316,955			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,194			3,194
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental exps.					
	c Rental inc. 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 & sales exps	75,000				
	c Gain or (loss)	-75,000				
	d Net gain or (loss)		-75,000	-75,000		
	8a Gross income from fundraising events (not including $ ... 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	Busn. Code				
	11a Miscellaneous income	900099	240			240
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d		240			
	12 Total Revenue. See instructions.		725,941	241,955	0	3,434

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	68,333	3,417	58,083	6,833
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	548,152	461,421	83,673	3,058
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	41,178	31,048	9,469	661
10 Payroll taxes	55,674	41,979	12,802	893
11 Fees for services (non-employees):				
a Management				
b Legal	6,057		6,057	
c Accounting	13,166		13,166	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	27,268	15,629	1,532	10,107
12 Advertising and promotion	1,612		1,612	
13 Office expenses	35,056	29,477	5,215	364
14 Information technology				
15 Royalties				
16 Occupancy	122,580	92,428	28,186	1,966
17 Travel	6,481	6,039	413	29
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,521	4,969	1,552	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,247	3,957	1,207	83
23 Insurance	16,833	12,692	3,871	270
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 Equipment rental	4,830	3,642	1,110	78
b Bad debt	1,706	1,706		
c Fundraising supplies	1,005			1,005
d Development	621	468	143	10
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	962,320	708,872	228,091	25,357
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		29,671	1	4,326
	2	Savings and temporary cash investments		258,872	2	123,581
	3	Pledges and grants receivable, net		67,191	3	30,714
	4	Accounts receivable, net		10,496	4	10,495
	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	
	9	Prepaid expenses and deferred charges		4,785	9	3,478
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 137,635			
	b	Less: accumulated depreciation	10b 103,540	36,103	10c	34,095
	11	Investments—publicly traded securities		182,397	11	156,745
	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		8,750	15	1,767
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		598,265	16	365,201
Liabilities	17	Accounts payable and accrued expenses		43,177	17	32,157
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		43,177	26	32,157
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		540,813	27	318,769
	28	Temporarily restricted net assets		14,275	28	14,275
	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, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		555,088	33	333,044
	34	Total liabilities and net assets/fund balances		598,265	34	365,201

Part XIFinancial 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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		

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: Family and Child Treatment of Southern Nevada

Employer identification number: 88-0214362

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(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 organization(s).

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

Schedule A (Form 990 or 990-EZ) 2009 Family and Child Treatment of 88-0214362

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 any "unusual grants.")	610,553	626,756	598,336	592,713	480,552	2,908,910
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	610,553	626,756	598,336	592,713	480,552	2,908,910
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)						9,419
6 Public support. Subtract line 5 from line 4						2,899,491

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	610,553	626,756	598,336	592,713	480,552	2,908,910
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,255	11,006	12,612	9,248	3,194	47,315
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		342	232	1,204	240	2,018
11 **Total support.** Add lines 7 through 10						2,958,243

12 Gross receipts from related activities, etc. (see instructions) ... 12 2,033,484

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 98.01 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 ... 15 98.46 %

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

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 ... ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009 Family and Child Treatment of 88-0214362

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 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 line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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.

Part II, Line 10 - Other Income Detail

Other income	$ 2,018

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
Family and Child Treatment of Southern Nevada

Employer identification number
88-0214362

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page 1 of 2 of Part I

Name of organization: Family and Child Treatment of

Employer identification number: 88-0214362

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MGM Voice Foundation 3260 Industrial Rd Las Vegas NV89109	$ 32,888	Person ☐ Payroll ☒ Noncash ☐ (Complete Part II if there is a noncash contribution.)
2	State of Nevada Children's Trust Fund 4220 Maryland Pkwy Bldg B, Rm 202 Las Vegas NV89119	$ 58,280	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
3	VOCA DCFS Family Program Office 711 E 5th St Carson City NV89701	$ 172,060	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
4	Catholic Healthcare West 102 E Lake Mead Dr Henderson NV89015	$ 18,547	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
5	United Way 1660 E Flamingo Las Vegas NV89119	$ 10,133	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
6	SAPTA State of Nevada 4126 Technology Way, 2nd Floor Carson City NV89706	$ 138,092	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
Family and Child Treatment of	88-0214362

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	VAWA Office of the Attorney General 5420 Kietzke Lane, Ste. 202 Reno NV89511	$ 20,532	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.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Family and Child Treatment of Southern Nevada

Employer identification number
88-0214362

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

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

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 IVEscrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds. Complete if 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 VIInvestments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		25,275	4,572	20,703
d Equipment		112,360	98,968	13,392
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				34,095

Part VIIInvestments—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.

1. (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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	725,941
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	962,320
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-236,379
4	Net unrealized gains (losses) on investments	4	14,335
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	14,335
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-222,044

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	741,313
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	14,335		
b	Donated services and use of facilities	2b	1,037		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	15,372
3	Subtract line 2e from line 1			3	725,941
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	725,941

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

1	Total expenses and losses per audited financial statements			1	963,357
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,037		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	1,037
3	Subtract line 2e from line 1			3	962,320
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	962,320

Part XIVSupplemental 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 XIVSupplemental 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: Family and Child Treatment of Southern Nevada

Employer identification number: 88-0214362

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990

The form 990 was reviewed and approved by the board treasurer prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board reviews for and discusses possible conflicts of interest at board meetings.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Executive Director's salary is reviewed and approved by the board.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are available upon request.

Form 990, Part XI, Line 2c - Change in Financial Review Process

Board reviews and approves independent auditor on an annual basis.

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: Family and Child Treatment of Southern Nevada

Identifying number: 88-0214362

Business or activity to which this form relates: Indirect Depreciation

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 instructions)	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 instr.)

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	5,247

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	0
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						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 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	5,247
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	

There are no amounts for Page 2

Family and Child Treatment of Southern Nevada
6431 W. Sahara Ave, Suite 200, Las Vegas, Nevada 89145
Phone: (702) 258-5855 Fax: (702) 258-9767
Executive Director: Heather Gibbs

FACT Board of Directors and Affiliations

Nancy Albert- Appointed 9/2007; Reappointed 10/2009- 10/2011
Realtor
Realty 7

Kevin Hansen- Appointed 9/2011- 9/2013
Attorney
Shumway Van & Hansen

Samantha Kolari- Appointed 9/2007; Reappointed 10/2009- 10/2011
Apple One Employment Services
FACT SECRETARY

Shawn Lane- Appointed 11/2007; Reappointed 12/2009- 12/2011
CEO
SDL Marketing & PR

Brad Peterson- Appointed 11/2009- 11/2011
Senior Vice President
CBRE

Larry Piparo- Appointed 8/2011- 8/2013
Piercy, Bowler, Taylor & Kern
FACT TREASURER

Dr. Mike Sinopoli- Appointed 10/2011- 10/2013
Comprehensive Cancer Centers of Nevada

Dallas Sisolak- Appointed 11/2004; Reappointed 11/2006; 12/2008; 1/2010- 1/2012
ChemFree Pro
FACT PRESIDENT

Alexia Vernon- Appointed 8/2011-8/2013
Public Speaker & Life Coach

Donna Wilburn- Appointed 6/2006; Reappointed 6/2008; 7/2010-7/2012
Marriage & Family Therapist
FACT VICE PRESIDENT

FAMILY AND CHILD TREATMENT FEE SCHEDULE 2011-2012			
	NUMBER IN HOUSEHOLD		
INCOME	1	2	3
$0- $500	0%	0%	0%
$501- $1,354	2.50%	2.50%	1.90%
$1,355- $2,708	5.00%	5.00%	3.80%
$2,709- $5,415	10.00%	10.00%	7.50%
$5,416- $8,123	15.00%	15.00%	11.30%
$8,124- $10,829	20%	20%	15%
$10,830- $14,569	25%	20%	15%
$14,570- $18,309	30%	25%	20%
$18,310- $22,049	35%	30%	25%